Randolph County Ambulance District

1366 E 24 HWY

Moberly Mo. 65270

660-263-2267

Ambulance District Administrator Application Form

Instructions: Please complete all sections of this form. Incomplete applications may not be considered. Attach all relevant documents (CV, certificates, references).

Personal Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Social Security Number:** _____
- **EMT – P License Number:** _____
- **Copy of State of Residency Official Driving Record:** Attached _____ Yes ___ No

Contact Details

- **Phone Number:** _____
- **Email Address:** _____
- **Residential Address:** _____

Educational Background

Level	Institution Name	Qualification Obtained	Year Completed
High School			
Tertiary/College			
Postgraduate			
Other (specify)			

Employment History – Last 10 Years - Most Recent First – Please use new sheet for each employer.

Have you previously been employed at Randolph County Ambulance District?

_____ Yes _____ No

If yes, When? _____

Do you have any relatives employed at Randolph County Ambulance District?

_____ Yes _____ No

Employer Name /Job Title /Duration (From – To) /Responsibilities Summary

_____

Professional Qualifications / Certifications

- _____
- _____
- _____

_____

Skills and Competencies

Please list any relevant administrative, medical, or leadership skills:

- _____
- _____
- _____
- _____
- _____

Experience in Emergency or Health Services

Describe your experience working in emergency response, health administration, or ambulance services (if any):

_____

_____

_____

References

1. **Name:** _____
   Position: _____
   Organization: _____
   Phone / Email: _____

2. **Name:** _____
   Position: _____
   Organization: _____
   Phone / Email: _____

Declaration

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that false information may lead to disqualification or termination of appointment.

Signature: _____
Date: ____ / ____ / _____

Attachments Checklist (Required Documents)

- Curriculum Vitae (CV)
- Academic Certificates
- Professional Certifications – Copy of your National and State EMT – P License
- Copy of State of Residency Official Driving Record
- Letter(s) of Recommendation