

BOONE COUNTY FIRE PROTECTION DISTRICT



2201 I-70 Dr. NW -- Columbia, MO 65202 (573) 447-5000

An Affirmative Action/Equal Opportunity Employer

Position Applying For: MEDICAL SPECIALIST

Date Submitted: 6/7/2009 8:53:42AM

DEDOCAL INFORMATION	Date Cal	51111ttod: 0/1/200	0.00	7. 127 (IVI				
PERSONAL INFORMATION							1	
Name (Last)	(First) (Middle)		ddle)				(SSN)	
Bowen	Amy		Mic	helle				5599
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(Address)		(City)			(State)		(Zip	o)
104 Linn Creek Rd		Lake Ozark			MO		650	
	Edike Ozalik							
Telephone Number (Primary)	Telephone Number (Secondary)			(Email)				
5734806674 (Cell)					nrsamyb@yahoo.com			
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(DOB)	DLN) (I			State & Classi	(DLN Exp)			
06/18/1976			Misso	uri F,		06182014		
		, massair ,						
(Traffic Violation)								
Yes Speeding ticket 2004ish.								
res Speeding ticket 2004ish.								
(Felony Conviction)								
Nono								
(410 ov.)								
(US Citizen)								
Yes								
EMPLOYMENT HISTORY								
(Current Employer)	(Position)			(Start Date)		(Contact En	nnlov	ver)
	1	a in ED					iipioj	,ei,
Capital Region Medical Center	Registered Nurs	e in EK		5/05		Yes		
(Contact Employer)					<u>L</u>			
Yes								
163								
(Employed Under Other Names)	No							

HIGH SCHOOL

(School Name)	(Sch	(School Address)			(Graduation Date)			
Fort Zumwalt North	St P	St Peters, MO			1994			
COLLEGE								
(College)			(From)			(To)		
Columbia College		1/0		1/04		12/07		
Columbia, MO Lake Ozark, MO								
(Units)	(Maj	·	(Degree)		(Year)			
	Nurs	sing		ASN	;N			
LICENSES & REGISTRATIO	ONS			-				
(License/Registration)		(State & Number)			(Issuer)		(Expiration Date)	
Registered Nurse	Registered Nurse MO200		MO2008007008 M			f (04/30/2011	
					Nursing			
CERTIFICATIONS								
ADVANCED CARDIOVASC	ULAR LIFE SI	UPPORT (ACLS)						
BASIC TRAMA LIFE SUPPO		- ()						
CPR BASIC LIFE SUPPORT								
PEDIATRIC ADVANCED LIF		· · · · · · · · · · · · · · · · · · ·						
MISCELLANEOUS FIRE DIS								
(Residency Program)		(How Heard About BCFPD)		(Emergency Services Organization)				
No		Friend		No				
BCFPD KNOWN MEMBERS	•				•			
(Name)			/04					
aul Harris Task Fo			(51	ation)				
raul Hallis				ation) sk Force N	Member			
raul Mailis				-	Леmber			
REFERENCES				-	<i>M</i> ember			
	(Ad	ddress)		-	Member (Relationship)		(Phone)	
REFERENCES	-	ddress) ke Regional Hospital		-			(Phone) 573-999-3407	
REFERENCES (Name)	-	•		-	(Relationship)			
REFERENCES (Name)	Lai	•		-	(Relationship)			
REFERENCES (Name) Paul Harris (Name)	Lal (Ac	ke Regional Hospital		-	(Relationship) Coworker/friend	d	573-999-3407	
REFERENCES (Name) Paul Harris	Lal (Ac	ke Regional Hospital		-	(Relationship) Coworker/friend (Relationship)	d	573-999-3407 (Phone)	
REFERENCES (Name) Paul Harris (Name) Todd Mcloughlin	(Ad	ke Regional Hospital ddress) Mary's Hospital		-	(Relationship) Coworker/friend (Relationship) coworker/friend	d I	573-999-3407 (Phone) 573-480-6167	
REFERENCES (Name) Paul Harris (Name)	(Ad	ke Regional Hospital	Tas	-	(Relationship) Coworker/friend (Relationship)	d I	573-999-3407 (Phone)	