

## **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: 9/30/2008 11:14:07AM

DEPONIAL INFORMATION		1111ttoa: 0/00/200						
PERSONAL INFORMATION								
Name (Last)	(First)		(Mid	ldle)				(SSN)
Maddock	Gregory		Thor	mas				6111
(Address)		(City)			(State)		(Zip	<b>)</b>
270 Glen Meadows Ct		Troy			Мо		633	379
Talankana Nimekau (Duimana)	Talambana Numb	(Occandom)		(F 2:II)				
Telephone Number (Primary)	Telephone Numb			(Email)	. 0			
636-462-1475 (Home)	314-713-4288 (Ce	) 		greg.maddo	ck@lcad.net			
(DOB)	(DLN)			tate & Classif	ications)	(DLN I		
08/29/1978	G208036009		Missou	ri E,		08-29-	-2008	3
(Traffic Violation)								
Yes Speeding ticket								
(Felony Conviction)								
No								
NO								
F								
(US Citizen)								
Yes								
EMPLOYMENT HISTORY								
(Current Employer)	(Position)		(5	Start Date)	,	(Contact Em	volan	/er)
Lincoln County Ambulance District	EMS Supervisor			October 2, 200		Yes		
Elifedin Goding Ambdiance District	LIVIO Oupervisor			/Clobel 2, 2000		103		
(Contact Employer)								
Yes								
(Employer)	(Position)		(\$	Start Date)	(	(End Date)		

Christian Hospital EMS	Paramedic, Dispate Supervisor	cher, Relief		October 1997	,	August 2007	
(Contact Employer) Yes		(Reason for Leaving)  Had been working 2 jobs since 2000 and was was going.			s unhappy in the direction the department		
(Employed Under Other Names)	No						
HIGH SCHOOL							
(School Name)	(School Address)				(Graduat	ion Date)	
St. Charles High School	St. Charles, Missouri				June 199	6	
COLLEGE							
(College) Lindenwood University St. Charles, Mo		(From) 09/04			( <b>To</b> ) 06/07		
(Units)	(Major)		(Degr	ee)		(Year)	
9 quarters	Bachelor of Science			-		2007	
(College) St. Louis Community College at Florissant Valley Florissant, Mo		(From) 09/06			(To) 12/02		
(Units)	(Major)	•	(Degr	ee)		(Year)	
EMT Licensure Paramedic Licensure	Associate in Applied Scient	ssociate in Applied Science		Paramedic Technology		2002	
AAP Degree	•					•	
LICENSES & REGISTRATIONS							
(License/Registration) Missouri State Paramedic Licensure	(State & Number) P-11180			(Issuer)  Mo State Dept of Health and Senior Services		(Expiration Date) 4/30/2009	
(License/Registration)	(State & Number)			(Issuer)		(Expiration Date)	
National Registry of Emergency Medical Technicians	P0903966			National Registry Emergency Medio Technicians		03/31/09	
CERTIFICATIONS  ADVANCED CARRIOVASCULAR L	UEE SUPPORT (ACL S)						
ADVANCED CARDIOVASCULAR L	IFE SUPPORT (ACLS)						
MISCELLANEOUS FIRE DISTRICT							
(Residency Program)	(How Heard About I	(How Heard About BCFPD) (Emergency Services			Services Org	s Organization)	

Other

No

No

REFERENCES			
<b>(Name)</b> Donna Weiss	(Address) 315 Highland Meadows Ct Wentzville, Mo 63385	(Relationship) Friend	(Phone) 314-713-1645
(Name) Clinton Willis	(Address) 5014 Devonshire St. Louis, Mo 63109	(Relationship) Friend	(Phone) 314-703-1015
(Name) Claudette Arthur	(Address) 6 Fairlane Circle Rd Warrenton, Mo 63383	(Relationship) Friend/Co-worker	(Phone) 636-262-4769