REEDSBURG AREA AMBULANCE SERVICE EMPLOYMENT APPLICATION

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages. You may attach a resume or cover letter on a separate sheet of paper.

Reedsburg Area Ambulance Service considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Reedsburg Area Ambulance Service IS A DRUG-FREE WORKPLACE

	1. PERSONAL INFORM	ATION		
Name in Full (Last, First, Middle)			Social	1 Security Number
Address (Apartment, Street, P.O. Box)				Home Telephone Number
				()
City	State	Zip Code		Work Telephone Number
				()
Email Address				Cell Phone Number
				()
Do you have a valid Wisconsin driver's license?	Are y	ou at least 18 years old?	Ye	s No
If No, do you have a valid driver's license from another state? ☐ Yes ☐ No	Are y	ou a United States citize	n? [] Yes
Drivers License #:	Have State: If Ye	e you ever been convicted s, please attach a separat	d of a fe	clony? Yes No t giving full information.
List all moving violations (convictions) and accident	ts and any suspensio	ns or revocations o	f yout	c license in the last five years:
				D. 1.1. /D. 1.1
Have you ever been convicted, or pled guilty or no of had any moving violations, or had your license revolutions.		r misdemeanor, inc YES	luding NO	
, , ,	•			
If yes, explain:				
A conviction will	l not necessarily disquali	fy you from employmen	ıt.	
Have you ever been excluded or are you currently ex Medicaid? YES NO	xcluded from partici	pating in any federa	ıl heal	th program such as Medicare or
If yes, explain:				
Position Applying for:			-	
Hours Requested (please circle) Fu	ull Time	Part Time	1	Volunteer
		_ 010 11110		
How did you find out about this position?				

2. EDUCATION									
	Date	es							
Name of School Location	From	То	Course Pursued	Degree, Diploma, or Credits Earned					
High Schools									
College									
Graduate School									

EMS	/FIRE	SERV	ЛСЕ	REL.	ATED	TR	AINII	NG.	NΟ	TТ.	ISTED	ABO	OVE
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EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT-B / Intermediate Tech / EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
EVOC/CEVO			
CDL			
Other:			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically your last four employers, including summer and part-time employment while attending school.

Name and Address of Employer	Dates	Position and Kind of Work
	From To	
Name		
StreetCity, State	Full-Time	
Supervisor's Name/Telephone:	Tun-Time [
	Part-Time	
May we contact the employer/supervisor?	Annual Salary/Wages:	Reason for Leaving
Name	From To	
Street		
City, State	Full-Time	
Supervisor's Name/Telephone:	Part-Time	
	_	Reason for Leaving
May we contact the employer/supervisor?	Annual Salary/Wages:	
	From To	
Name		
Street City, State	Full-Time	
Supervisor's Name/Telephone:	Team 13000	
	Part-Time	
May we contact the employer/supervisor?	Annual Salary/Wages:	Reason for Leaving
	From To	
NameStreet		
City, State	Full-Time	
Supervisor's Name/Telephone:		
	Part-Time	D 4.7
May we contact the employer/supervisor?	Annual Salary/Wages:	Reason for Leaving
Explain any gaps in employment:		

Have you ever been: Disciplined or terminat	ed for reckle	ec driving		YES		NO	
Placed on probation or			YES		NO		
Disciplined or fired for			c abscriccisiii:	YES		NO	
Disciplined or fired for			>	YES		NO	
Disciplined or fired for		YES		NO			
Disciplined or fired for		YES		NO			
Disciplined or fired for		YES		NO			
Disciplined or fired for		YES		NO			
Disciplined by a previous		YES		NO			
Disciplined by a State E		YES		NO			
If you answered yes to	any question	above, plea	se explain:				
A	Inswers of Yes	for any of the	above questions will not nece	essarily disqualify you fr	от етрі	loyment.	
			4. MILITARY SERVIC	CE			
Branch of Service	Month/Y From	Year Served To	Active Duty or Reserve	Highest Grade		Specialty or mary Duty	Discharge Status
List special schools attended	skills acquired	during military	y service.	-1	I		l
	•		,				
			5. REFERENCES				
Give three professional refere	nces (not relativ	ves. or present o	employer; avoid listing membe	rs of the clerov).			
Give tinee professional referen	nees (not relativ	ves, or present t	employer, avoid listing memoc	is of the elergy).			
Name						Number of	Years Acquainted
Address					_		
City/State/Zip					_	_	
Telephone Number ()				_	Position/	Title/Profession
Name						Number of	Years Acquainted
Address					_		
City/State/Zip					_	D /	That /D. C. t
Telephone Number ()				_	Position/	Title/Profession
Name						Number of	Years Acquainted
Address					_		
City/State/Zip					_	Position/	Title/Profession
Telephone Number ()						

6. General Information										
When are you available to volunteer? Please place an "X" in all boxes that apply.										
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
6am-12 noon										
12 noon-6pm										
6pm-12 mid			Τ							
12 mid-6am										
					•					
Medical – Do y	ou have any med	lical or physica	l problems that p	prevent you from	: (check all tha	t apply)				
Doing CPR?			ng 100 – 150 lbs.?			scending Stairs?				
	lbs. of equipment?		ving a Vehicle?		Wearing Res	piratory Protection				
	natting, kneeling, wa		ground ent you from meeting	a the requirements	of heing a Parame	die?				
Any other phy	ysical condition(s) w	men would preve	ant you from meeting	g the requirements	or being a r arame	uic:				
			7. Acknow	vledgment						
I certify that th	ne information I h	nave given on t	his application is	true, complete a	and correct, and	l I understand tha	t any false			
						charge if hired. I re				
						Company in any				
						y. If hired, employ				
			nance Service is to pplication is not a			nt relationship at a	any time			
Without cause.	and without prior	. House, Time a	ppiicadon io not .	an agreement of	a continue for	improyment.				
						with former emplo				
						yment, including a				
						lease Reedsburg A l rights to see or r				
information so		.Illants mom an	l llability resulting	, mom such maga	IIICs. 1 waive ai	i fights to see of i	eview the			
						re program. I furti				
that if it is dete	rmined that I wa	s so excluded,	my employment	with Reedsburg	Area Ambulano	ce Service may be	terminated.			
Applicant's signatu					te signed:					