

# CITY OF REEDSBURG AMBULANCE 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.

The City of Reedsburg Ambulance 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. The City of Reedsburg Ambulance IS A DRUG-FREE WORKPLACE

## 1. PERSONAL INFORMATION

Name in Full (Last, First, Middle)			Social 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?  Yes  No

Are you at least 18 years old?  Yes  No

If No, do you have a valid driver's license from another state?  
 Yes  No

Are you a United States citizen?  Yes  No

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If Yes, please attach a separate sheet giving full information.

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

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Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?  YES  NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?  YES  NO

If yes, explain: \_\_\_\_\_

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Position Applying for: \_\_\_\_\_

Hours Requested (please circle)     Full Time     Part Time     Volunteer

How did you find out about this position? \_\_\_\_\_

**2. EDUCATION**

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

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

### 3. EMPLOYMENT

Begin with your 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
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From      To  Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From      To  Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From      To  Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From      To  Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Annual Salary/Wages:	Reason for Leaving

Explain any gaps in employment: \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been:**

- Disciplined or terminated for reckless driving?  YES  NO
- Placed on probation or terminated for excessive absenteeism?  YES  NO
- Disciplined or fired for insubordination?  YES  NO
- Disciplined or fired for violation of safety rules?  YES  NO
- Disciplined or fired for assault or fighting?  YES  NO
- Disciplined or fired for harassment?  YES  NO
- Disciplined or fired for patient abuse?  YES  NO
- Disciplined or fired for alcohol or drug related activity at work?  YES  NO
- Disciplined by a previous Medical Director?  YES  NO
- Disciplined by a State EMS Office  YES  NO

If you answered yes to any question above, please explain: \_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

**4. MILITARY SERVICE**

Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty	Discharge Status
	From	To				

List special schools attended/skills acquired during military service.

**5. REFERENCES**

Give three professional references (not relatives, or present employer; avoid listing members of the clergy).

Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number ( ) _____ Email: _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number ( ) _____ Email: _____	
Name _____	Number of Years Acquainted _____
Address _____	Position/Title/Profession _____
City/State/Zip _____	
Telephone Number ( ) _____ Email: _____	

**6. General Information**

**When are you available to volunteer? Please place an "X" in all boxes that apply.**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>6am-12 noon</b>							
<b>12 noon-6pm</b>							
<b>6pm-12 mid</b>							
<b>12 mid-6am</b>							

**Medical – Do you have any medical or physical problems that prevent you from: (check all that apply)**

- Doing CPR?                                       Lifting 100 – 150 lbs.?
- Carrying 70 lbs. of equipment?               Driving a Vehicle?
- Bending, squatting, kneeling, walking on uneven ground
- Any other physical condition(s) which would prevent you from meeting the requirements of being a Paramedic? \_\_\_\_\_
- Climbing/Descending Stairs?
- Wearing Respiratory Protection

**7. Acknowledgment**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not oblige the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the City of Reedsburg Ambulance is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

I hereby authorize the City of Reedsburg Ambulance to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the City of Reedsburg Ambulance and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the City of Reedsburg Ambulance may be terminated.

Applicant's signature \_\_\_\_\_ Date signed: \_\_\_\_\_