

Sauk Prairie Ambulance Association

APPLICATION FOR EMPLOYMENT – EMT/AEMT

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

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			

Are you over the age of 18? Yes No Are you a United States citizen? Yes No

Do you have a valid Wisconsin driver's license? Yes No Do you have a valid driver's license from another state? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please attach a separate sheet giving full information

2. EDUCATION

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High School					
College/Tech School					
Graduate School					
EMT/AEMT					
CPR					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications. Also include Fire/EMS related training and professional affiliations.

Hours and days of availability to work (check all that apply): Day Night Weekday Weekend

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates	Position and Kind of Work
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>
<p>Name _____</p> <p>Street _____</p> <p>City, State _____</p> <p>Supervisor's Name/Telephone: _____</p> <p>May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <p>Full-Time <input type="checkbox"/></p> <p>Part-Time <input type="checkbox"/></p> <p>Annual Salary/Wages:</p>	<p>Reason for Leaving</p>

4. MILITARY SERVICE

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

List special schools attended/skills acquired during military service.

5. REFERENCES

Give three 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 ____ (____) _____	
Name _____	Number of Years Acquainted
Address _____	Position/Title/Profession
City/State/Zip _____	
Telephone Number ____ (____) _____	
Name _____	Number of Years Acquainted
Address _____	Position/Title/Profession
City/State/Zip _____	
Telephone Number ____ (____) _____	

6. GENERAL

For questions A-C, attach no more than one additional page for each answer.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, sexes, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

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 obligate Sauk Prairie Ambulance Association in any way. Applications will remain active for six months, after which time reapplication will be necessary. If hired, employment will be "at will" and either I or Sauk Prairie Ambulance Association 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 Sauk Prairie Ambulance Association 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 Sauk Prairie Ambulance Association 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 Sauk Prairie Ambulance Association may be terminated.

Applicant's signature: _____ Date signed: _____

Send completed application to:

**Sauk Prairie Ambulance Association
Attn: HR
470 Oak St
Prairie du Sac, WI 53578**

Or email to:

info@saukprairieambulance.com