

Equal Opportunity Employer: Oconto Falls Area Ambulance Service will not discriminate against any employee or applicant for employment because of race, color, national origin, ancestry, religion, sex, age, disability, handicap or any other legally protected class. Any information received about the applicant will not be used for impermissible purposes.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Last Four Digits of Social Security Number: - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Best Way to be reached: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Are employment records pertaining to you kept under any other name? _____

Hours Requested (please circle) Full Time Part Time

Emergency Contact: _____ Relationship: _____

Phone _____

How did you hear about this position? _____

Do you have any relatives or friends working/volunteering here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____ Wage Expected: _____

Shifts Preferred: DAYS EVENING NIGHTS ALL

Are you willing to work weekends? YES NO

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason For Leaving? _____

EDUCATION AND TRAINING

Are you currently attending school? YES NO

Circle last year of school completed:

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8 Technical Trade: 1 2 3 4

HIGH SCHOOL:

Name: _____ City/State _____

Graduate? YES NO Have you received your GED? YES NO

COLLEGE:

Name: _____ City/State _____

Graduate? YES NO Degree: _____

Major: _____

Technical/Trade:

Name: _____ City/State _____

Graduate? YES NO Degree: _____ Major: _____

Certificate: _____ License: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT-B EMT-I EMT-P Circle One			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

What best describes your attendance at your most recent place of employment (excellent, good, or average) _____

I.
Employer: _____ Phone Number _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Starting Wage/ Salary: _____

End Date: _____ Ending Wage/Salary: _____

Job Description (including duties and responsibilities): _____

May we contact? YES NO

Reason for leaving: _____

II.

Employer: _____ Phone Number _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Starting Wage/ Salary: _____

End Date: _____ Ending Wage/Salary: _____

Job Description (including duties and responsibilities): _____

May we contact? YES NO

Reason for leaving: _____

III.

Employer: _____ Phone Number _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Starting Wage/ Salary: _____

End Date: _____ Ending Wage/Salary: _____

Job Description (including duties and responsibilities): _____

May we contact? YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

PAST 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

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

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

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: _____

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

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

1

Name: _____ Address: _____

Occupation: _____

Years Known: _____ Phone Number: _____

E-Mail Address: _____

2

Name: _____ Address: _____

Occupation: _____

Years Known: _____ Phone Number: _____

E-Mail Address: _____

3

Name: _____ Address: _____

Occupation: _____

Years Known: _____ Phone Number: _____

E-Mail Address: _____

List a minimum of one personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____ Years Known: _____

Phone Number: _____ E-Mail Address: _____

Name: _____ Address: _____

How they know you: _____ Years Known: _____

Phone Number: _____ E-Mail Address: _____

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 with or without cause for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate 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 Company 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.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including job performance, disciplinary record, financial/credit history, criminal history check, driving history check, child abuse clearance check, and other such inquiries. **I agree to hold harmless** the Company, any previous employer 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 Company may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____