

# Application for Employment

RICHLAND COUNTY AMBULANCE SERVICE

181 West Seminary, P.O. Box 251  
Richland Center, WI 53581

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source  Advertisement  Employee  Government Employee Agency

Walk-In  Relative  Private Employment Agency

Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip Code*

Telephone \_\_\_\_\_ Other Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

If necessary, best time to call you at home is:

AM   
PM

May we contact you at work?  Yes  No

If yes, work number and best time to call: #: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM   
PM

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain. \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give date(s). \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give dates. From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available to work: \_\_\_\_\_

Type of employment desired  Full Time  Part Time  Temporary  Seasonal  Education Co-op

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If no please explain. \_\_\_\_\_

Have you been convicted of a crime in the last (7) years? other than minor traffic offenses  Yes  No

If yes, please explain. \_\_\_\_\_

Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license number if driving is essential job function \_\_\_\_\_ State \_\_\_\_\_

## ***Educational Background (if job related)***

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MAJOR

### ***References***

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

If applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known
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### ***Additional Information***

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARITY PROTECTED STATUS.

ORGANIZATION

OFFICES HELD

### **List special accomplishments, publications, awards, etc.**

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARITY PROTECTED STATUS.

List any other additional information you would like us to consider.

# Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER ADDRESS JOB TITLE IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	TELEPHONE	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		HOURLY RATE/SALARY STARTING \$ Per	
		HOURLY RATE/SALARY FINAL \$ Per	

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**Comments** (including explanation of any gaps in employment)

**Skills and Qualifications** - Summarize any special training, skills, licences and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application and immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves that same right to terminate my employment at any time; with or without cause and without prior notice, except as may be required by law or applicable union contract. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I further understand that Richland County may conduct a criminal background check as part of the hiring process.

I certify that all statements made by me in this application are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## RICHLAND COUNTY APPLICANT ANALYSIS DATA COLLECTION

Per County Board Resolution 08-116, anyone who applies for a Richland County position is being asked to **voluntarily** and **anonymously** complete the following survey. The information collected is to aid in developing Richland County's Civil Rights Compliance Plan which is required for State and Federal funding.

Please complete and forward **anonymously** to the Richland County Clerk's Office, Richland County Courthouse, 181 W. Seminary Street, Richland Center.

Please check what job category you are applying for:

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Officials & Managers      | <input type="checkbox"/> Professionals | <input type="checkbox"/> Technicians | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Office & Clerical Workers | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Operatives  | <input type="checkbox"/> Laborers      |
| <input type="checkbox"/> Service Workers           |  |                                      |  |

Please check what (if any) protected group you belong to:

- |                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Women | <input type="checkbox"/> Person with Disabilities<br>Accommodations _____ | <input type="checkbox"/> Minority |
|--------------------------------|---|-----------------------------------|

If you checked minority, which minority group do you belong to? :

- |  |   |
|--|---|
| <input type="checkbox"/> African American or African Origin        | <input type="checkbox"/> American Indian or Alaska Native             |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Hispanic/Latino regardless of race/ethnicity |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other _____                                  |
| <input type="checkbox"/> More than 1 Race                          |   |

What is your primary language?

- |   |                                      |                                |                                  |
|---|--------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> English                  | <input type="checkbox"/> Spanish     | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Bosnian/Serbian/Croatian | <input type="checkbox"/> Other _____ |                                |                                  |