

RICHLAND COUNTY AMBULANCE ATTENDANT APPLICATION

FORMER AND/OR PRESENT EMPLOYERS

Name	Address	Position	Telephone	Month and Year
Name	Address	Position	Telephone	
Name	Address	Position	Telephone	

REFERENCES: Provide below the names of three persons not related to you, whom you have known at least a year.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

PHYSICAL RECORD: Are you on any medications that would prevent you from performing the essential duties of an EMT with reasonable accommodations? No Yes Explain: _____

Do you have any physical defects or injuries that would prevent you from performing the essential duties of an EMT, with reasonable accommodations? No Yes Explain: _____

CRIMINAL HISTORY: Have you ever been CONVICTED of a crime, including traffic, which would prevent you from performing the duties of an EMT? No If Yes please list offense, date of conviction, current restrictions, if any: _____

Are you required to register as a Sex Offender in any state? No Yes

I authorize investigation of all information contained in this application, including driving record. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period.

Signature	Date Signed

Return by mail to: Richland County Ambulance, P.O. Box 251, Richland Center, WI 53581