



# RICHLAND COUNTY AMBULANCE ATTENDANT APPLICATION

## FORMER AND/OR PRESENT EMPLOYERS

<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	<b>Month and Year</b>
<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	
<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	

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

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Name</b>	<b>Address</b>	<b>Telephone</b>

**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.

<b>Signature</b>	<b>Date Signed</b>

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