

RICHLAND COUNTY AMBULANCE ATTENDANT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

Last Name	First Name	Middle
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Application for Position of:	Date Available
Present Address – Number, Street, State, ZIP Code	Home Phone Number
Mailing Address (if different from above) Number, Street, State, ZIP Code	Business Phone Number

Are you at least 18 years of age? _____

Do you hold a valid Wisconsin Driver's License? Yes, License Number _____ No ____

Do you have a current Wisconsin EMT License? Yes, License Number _____ No ____

Date that you can start _____

When can you be on call: 8am – 5pm ____ 5pm – 8am ____ Weekends ____ Anytime ____ other ____

EDUCATION AND TRAINING				
Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	<table style="width: 100%;"> <tr> <td style="width: 60%;"> Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 40%; padding-left: 20px;"> Name and Location of High School </td> </tr> </table>	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School	
Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School			
TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College or University: 1 2 3 4 5 6 7 8 9 10 11 12			
Name and Location	Date Started	Date Completed	Major Field	Degree (and Year) Conferred
Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, volunteer work which you feel is relevant to the position for which you are applying. Also include relevant licenses or certificates. BE SPECIFIC.				

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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
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