

Marshall Area EMS Application for Employment

Thank you for your interest in Marshall Area EMS. The information presented on this form will determine the acceptance of your application and may also be used as a basis for your membership in this organization. For this reason, it is important that you answer all questions completely and accurately.

If you are a person with a disability and need an accommodation at any time during the application or employment process, you are responsible for informing us of your needs.

TYPE OR PRINT IN INK

Position you are applying for: <input type="checkbox"/> EMT <input type="checkbox"/> Driver Other (specify): _____				
Last Name	First Name	MI	Date of Birth	Social Security Number
Present Address (Number, street, apt. #)		City		State
				Zip Code
Home Phone ()	Other (cell, work) ()	E-Mail Address		

Record of Law Enforcement Convictions

Have you ever been convicted of any violations of City or County Ordinances, State or Federal Law? (Include traffic violations). Yes No (If yes, list circumstances below.)

Responses will not exclude you from consideration for employment. Disclosure is required prior to obtaining an Emergency Medical Technician license from the State of Wisconsin. This information will only be used if relevant to the position for which you are applying.

Date	Municipal/County/State	Law Violated	Disposition (Convicted, bail forfeited, fined, etc.)

Education & Training

High School: Circle highest year completed 9 10 11 12 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Training beyond high school: Circle number of years 1 2 3 4 5 6 7 8	
List any current certifications or licensures that pertain to EMS, for example: First Aid, CPR, EMT, Emergency Vehicle Operations (EVOC), other medical professional (MD, nurse, PA, etc.)		
Type	License Number, if applicable	Expiration Date

Work Experience

Give a complete record of your last three (3) jobs, beginning with your present or most recent employer.

Company Name	Position Held	Supervisor's Name	Supervisor's Phone # ()
Company Address (Street, City, State, Zip Code)		Dates Employed (Month & Year) From: To:	
Reason for Leaving			
Company Name	Position Held	Supervisor's Name	Supervisor's Phone # ()
Company Address (Street, City, State, Zip Code)		Dates Employed (Month & Year) From: To:	
Reason for Leaving			
Company Name	Position Held	Supervisor's Name	Supervisor's Phone # ()
Company Address (Street, City, State, Zip Code)		Dates Employed (Month & Year) From: To:	
Reason for Leaving			

May we obtain references from your current and previous employers? Yes No
If "No", name and explain the exceptions.

If you were discharged for cause from any employment within the last 7 years, please state the details.

Personal References

Please list 2 personal references. Do not list relatives or the supervisors named in work experience, above.

Name – First, Last	Occupation
1. _____	1. _____
2. _____	2. _____
Business or Home Address (Street, City, State, Zip Code)	Phone Number – List numbers for day or evening contact
1. _____	1. Home: () Other: ()
2. _____	2. _____

To aid in our verification of work and personal references, please list any other names(s) by which you have been known: _____

ALL APPLICANTS MUST MAKE THIS CERTIFICATION:

I certify that all answers to the questions in this application are true and I agree that any misstatements of material fact will cause forfeiture on my part of all rights to any employment with Marshall Area EMS.

Signature: _____ Date: _____

**Please return your completed application to:
Marshall Area EMS, 119 Industrial Drive, Marshall, WI 53559
or Scott Allain at sallain@marshallems.com**