

MOUNTAIN AMBULANCE SERVICE MEMBERSHIP APPLICATION

P.O. Box 85 Mountain, WI 54149
715-276-6669

Incomplete applications will not be considered. All entries must be filled in to the best of your ability.

I am interested in applying for the following positions with Mountain Ambulance Service (you may check more than one). I understand positions may have specific training requirements.
 AEMT EMT Driver Extrication Technician Other

Personal Information

First Name	M.I.	Last Name
Address		
City, State, Zip		Township of Residence
Home Phone	Cell Phone	Work Phone
Email Address		DOB
Social Security #	Driver's Licence #	State Issuing DL

Emergency Contact Information

Name of Emergency Contact	Relationship
Address	Telephone #'s
Name of nearest relative not living with you	Relationship
Address	Telephone #'s

Military Service

Branch	# Years Served	Discharge Date	Type of Discharge	MOS
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Education

	Name, City & State of Ed. Institution	Graduated? Yes/No	Dates attended	Degree(s) Received
High School				
Technical, GED or Other				
College or University				
EMS Related				
Fire Related				

Current CPR for Healthcare Provider?		Current Wisconsin EMT License?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #	Expiration Date
Employment History (you may submit a resume if you choose)				
Current or Most Recent Position				
Employer (Business, Address, City/State/Zip)		Position/Title & Duties		
Name of Supervisor			Telephone #	
Dates of Employment		Reason for Leaving		
Previous Position				
Employer (Business, Address, City/State/Zip)		Position/Title & Duties		
Name of Supervisor			Telephone #	
Dates of Employment		Reason for Leaving		
EMS & Fire Department Employment History (as volunteer and/or paid employee)				
Employer (Business, Address, City/State/Zip)		Position/Title & Duties		
Name of Supervisor			Telephone #	
Dates of Employment		Reason for Leaving		
General Information				
Affirmative responses to the following questions will not automatically exclude you from being considered for membership. However, complete and accurate information must be provided.				
Have you ever been dismissed or asked to resign from any position, whether as an employee or a volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				
Have you ever been cited for a traffic violation (not including parking tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				
Have you ever had a professional license suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				
Have you ever been convicted of or pled guilty to a crime (felony, misdemeanor or other - including being sentenced to probation before judgement, pleading no contest, or being subject to a similar disposition)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				

Mountain Ambulance Service is an equal opportunity organization and maintains a policy of nondiscrimination on the basis of race, color, religion, sex or national origin.

Character References (list at least two references who are NOT related to you)

Name	Telephone #
Address	City, State, Zip
Position/Occupation	
Name	Telephone #
Address	City, State, Zip
Position/Occupation	
Name	Telephone #
Address	City, State, Zip
Position/Occupation	

Signature Required

Please be sure you have signed and dated the form below, and that you have answered all questions clearly and completely.

By signing below you are certifying that you are applying for a position with the Mountain Ambulance Service, and that you hereby authorize the release of any and all information to Mountain Ambulance Service that we may request from your records or files. Such information may include, but will not be limited to: military records, police records, credit records, banking records, arrest records, court records, traffic records, confidential records, educational records, employment records, etc. You will also release all persons from any and all liability which could result from furnishing said information to the Mountain Ambulance Service or any of its agents. Further, you authorize the Mountain Ambulance Service to copy or otherwise reproduce this original document, and let such copied or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Mountain Ambulance Service.

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge from the Mountain Ambulance Service.

I understand that I shall not become a member of the Mountain Ambulance Service until my application has been 1) accepted by the Mountain Ambulance Service Membership; 2) I have read and acknowledged the rules and regulations of the Service as set forth in the Standard Operations Manual; 3) I have read, agreed with, and signed the Statement of Membership; and 4) all background checks have been completed and cleared.

SIGNATURE (do not print)	PRINTED NAME	DATE

Help Us Find More Applicants Like You

How did you learn about the Mountain Ambulance Service?

_____ MAS Website/Facebook	_____ MAS member (please specify who)
_____ Highway Billboard	_____ Newspaper ad (please specify paper)
_____ Sign in front of Station	_____ Other

Please drop off or mail your completed application:

Mountain Ambulance Service P.O. Box 85 Mountain, WI 54149