

# MOUNTAIN AMBULANCE SERVICE MEMBERSHIP APPLICATION

P.O. Box 85, Mountain, Wi 54149  
715-276-6669  
www.rescue70.org

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

## PERSONAL INFORMATION

2/25/2009

FIRST NAME	M.I.	LAST		
ADDRESS				
CITY	STATE	ZIP	TOWNSHIP RESIDENCE	
HOME PHONE	CELL PHONE	WORK PHONE		
EMAIL	DOB (Background check only)	DRIVERS LICENSE #		

## 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	# OF YEARS SERVED	DATE OF DISCHARGE	TYPE OF DISCHARGE	MOS DESCRIPTION

## EDUCATION

NAME, CITY, STATE OF EDUCATION INSTITUTION	GRADUATED? YES / NO	DATES ATTENDED	DEGREE(S) RECEIVED
HIGH SCHOOL			
TECHNICAL GED OTHER			
COLLEGE OR UNIVERSITY			
EMS RELATED			
FIRE RELATED			

HEALTHCARE PROVIDER CPR?      EXP DATE:  ___YES    ___NO	WISCONSIN EMT LICENSE #:      EXP DATE:	
<b>EMPLOYMENT</b> (YOU MAY SUBMIT A RESUME)		
<b>Present or most recent position</b>		
EMPLOYER	POSITION / TITLE	DATES OF EMPLOYMENT
ADDRESS		NAME OF SUPERVISOR
CITY	STATE      ZIP	TELEPHONE #
REASON FOR LEAVING		
<b>Former position</b>		
EMPLOYER	POSITION / TITLE	DATES OF EMPLOYMENT
ADDRESS		NAME OF SUPERVISOR
CITY	STATE      ZIP	TELEPHONE #
REASON FOR LEAVING		
<b>GENERAL INFORMATION</b> (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, VOLUNTEER, OR OTHERWISE? ___YES    ___NO    IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN CITED FOR A TRAFFIC VIOLATION (NOT INCLUDING PARKING TICKETS)? YES    ___NO    IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER HAD A PROFESSIONAL LICENSE SUSPENDED OR REVOKED FOR ANY REASON? YES    ___NO    IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME (FELONY, MISDEMEANOR OR OTHER) – INCLUDING BEING SENTENCED TO PROBATION BEFORE JUDGMENT, PLEADING NO CONTEST, OR BEING SUBJECT TO A SIMILAR DISPOSITION? ___YES    ___NO    IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN A MEMBER OF ANY FIRE DEPARTMENT OR RESCUE SQUAD?  <div style="display: flex; justify-content: space-between;"> <span>NAME OF DEPARTMENT</span> <span>POSITION</span> <span>DATES (FROM – TO)</span> </div>		

*The 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 TWO REFERENCES THAT ARE *NOT* RELATED TO YOU.)

NAME	CITY	TELEPHONE #
ADDRESS	CITY	STATE ZIP
POSITION / OCCUPATION		
NAME	CITY	TELEPHONE #
ADDRESS	CITY	STATE ZIP
POSITION / OCCUPATION		
NAME	CITY	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 every question 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 the Mountain Ambulance Service that we may request, from any of 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 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 and this authorization to release information shall not expire.

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 a majority vote of 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; 4) and all background checks have been completed and cleared.

Revised 2/25/2009

SIGNATURE (do not print)	PRINTED NAME	DATE

**HELP US FIND MORE APPLICANTS LIKE YOU!**

How did you learn about the Mountain Ambulance Service?

<input type="checkbox"/> MAS Website	<input type="checkbox"/> From a Service member - please specify which member: _____
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Newspaper ad - please specify which paper: _____
<input type="checkbox"/> Sign in front of the Station	<input type="checkbox"/> Other: _____

**Please place your application in an envelope to the attention: RECRUITMENT OFFICER**