

# MOUNTAIN AMBULANCE SERVICE

## Employment Application

P.O. Box 85 Mountain, WI 54149

715-276-6669

[www.rescue70.org](http://www.rescue70.org)

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

### 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

### Military Service

Branch	# Years Served	Discharge Date	Type of Discharge	MOS

### 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)		
Name of Supervisor		Telephone #
Dates of Employment	Reason for Leaving	
Position / Title		Pay \$

### Previous Position

Employer (Business, Address, City/State/Zip)		
Name of Supervisor		Telephone #
Dates of Employment	Reason for Leaving	
Position / Title		Pay \$

## 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.*

Have you ever been dismissed or asked to resign from any position, whether as an employee or a volunteer?  ___ Yes ___ No If yes, explain.
Have you ever been cited for a traffic violation (not including parking tickets)?  ___ Yes ___ No If yes, explain.
Have you ever had a professional license suspended or revoked for any reason?  ___ Yes ___ 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)?  ___ Yes ___ No If yes, explain.

Do you have any lifting or other medical restrictions?

Yes  No If yes, explain.

Date you would be able to start employment

*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)

<b>Name</b>		Telephone #
Address		City, State, Zip
Position/Occupation		

<b>Name</b>		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 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.

SIGNATURE (do not print)	PRINTED NAME	DATE
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Please drop off or mail your completed application:

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