



**City of Tomah
Tomah Area Ambulance Service
Employment Application**

EMT Advanced EMT Paramedic

Check Licensure Level

Please complete this application if you wish to apply for employment with the City of Tomah - Tomah Area Ambulance Service. This application must be printed in black ink or typed. If you open the application in Adobe, you can click on the "Fill & Sign" icon and type your answers. All questions must be answered and all blanks must be filled in. If a question does not apply, type or print N/A. If additional space is needed, additional sheets, or documents may be attached to this application. A cover letter and resume MUST accompany the application.

To be eligible for employment, the applicant must meet all qualifications for State of Wisconsin Licensing for Emergency Medical Personnel as set forth in Wisconsin Statute 146.50(6). This will be the minimum eligibility standard. Applicants are considered without discrimination because of age, ancestry, creed, color, handicap, marital status, national origin, race, religion, sex, sexual preference, or veteran status. The City of Tomah - Tomah Area Ambulance Service is an equal opportunity employer. Part-time staff employment with the City of Tomah - Tomah Area Ambulance Service is at-will.



City of Tomah – Tomah Area Ambulance Service

Employment Application – Emergency Medical Personnel

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Are Over 18 Years of age? _____ | Phone Number _____

Social Security No.: _____ Email Address _____

Current EMS Licensure Level: _____

State License Number: _____ National Registry Number _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a crime? YES NO If yes, explain: _____

Do you have any pending criminal charges awaiting court disposition at this time? YES NO If yes, explain: _____

Driver's License Information

State and Driver's License Number: _____

Has your Driver's License ever been Revoked? YES NO If yes, explain: _____

Have you ever been convicted of Operating a Motor Vehicle while Intoxicated? YES NO If yes, explain: _____

Have you been convicted of any traffic violations in the last five (5) years? YES NO If yes, explain: _____

Do you have any pending traffic violations awaiting court dispositions at this time? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Have you ever served in the U.S. Armed Forces? YES NO

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

List any specialized training: _____

Previous Employment – Last Five (5) Years – Start with Most Recent

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Relatives

Do you have any relatives who are presently employed by the City of Tomah – Tomah Area Ambulance Service? YES NO

If you answered yes, please list names and relationships. _____

Additional Qualifications

Is there any additional information you would like us to consider that you feel make you qualified for this position?

List any special abilities, interest, or hobbies you have. _____

Disclaimer and Signature

I understand that my employment, if accepted, with the City of Tomah – Tomah Area Ambulance Service, will be on a probationary basis. I further understand that my continued employment will be contingent upon results of that probationary period. I agree to these conditions and hereby certify that all statements made by me on this application are true and that willfully withholding information, or making false statements on this application, will be reason for disqualification as a candidate for employment or cause for termination if I am employed.



I hereby authorize the City of Tomah – Tomah Area Ambulance Service, or its authorized representative, to contact and obtain information pertaining to me from the sources contained in this document and from any of the following (but not limited to) sources:

1. Municipal, State, or Federal Law enforcement Agencies
2. Military Records
3. Any place of business (for the purpose of obtaining employment information)
4. Present employer
5. Any previous employer
6. Any school, college, university, or other educational institution
7. Any office, clinic, or hospital where illness, injuries, and/or deterioration are diagnosed and treated.

I hereby release any individual, agency, or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages, of whatever kind, which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Photo Copies of this page are permissible for the purposes of this document.

Signature: _____ Date: _____
(Full Name Required)

Print Full Name w/Middle Initial: _____

Date of Birth: _____

Social Security Number: _____

Witness Signature: _____ Date: _____
(Full Name Required)

Witness Name Print: _____
(Full Name Printed Required)

•Tomah Area Ambulance Service
•Randal Dunford, Director



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