

CITY OF TOMAH – TOMAH AREA AMBULANCE SERVICE
Application for the position of
EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC

Please complete this application if you wish to apply for membership with the City of Tomah – Tomah Area Ambulance Service to fill the position of Emergency Medical Technician-Paramedic. This application must be printed in black ink or typed. All questions **must** be answered and all blanks **must** be filled in. If a question does not apply, print N/A. If your answer is negative, print the word NONE or NO based on the question. If additional space is needed, additional sheets may be attached to this application.

To be eligible for membership, the applicant must meet **all** qualifications for State of Wisconsin licensing as an ambulance attendant as set forth in Wisconsin Statutes 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. Employment with the City of Tomah – Tomah Area Ambulance Service is at-will.

SECTION 1 – PERSONAL HISTORY

Name _____
Last First Middle

Address _____
Number & Street City State Zip Code

Date of Birth _____ Social Security Number _____

U.S. Citizen? YES _____ NO _____ If NO, please explain _____

Home Phone _____ Work Phone _____ Cellular Phone _____

Present Employer _____
Company Name

Address _____
City State Zip Code

Supervisor's Name & Phone Number _____

What shift/hours/days do you work? _____

If accepted into membership with the Tomah Area Ambulance Service - City of Tomah, are you able to perform all functions required of the job?

YES _____ NO _____ If NO, please explain _____

Name, Address, & Phone Number, of contact person, in the event of an emergency _____

SECTION II - DRIVER'S LICENSE INFORMATION

State & Driver's License # _____

Number of points assessed against your present D.L. _____

Has your D.L. ever been revoked? YES _____ NO _____

Have you ever been convicted of operating a motor vehicle while intoxicated? YES _____ NO _____

Have you received any warnings, or been convicted of any traffic violations, in the past five years? YES _____ NO _____

Do you have any pending traffic violations, awaiting court disposition, at this time? YES _____ NO _____

If you answered YES to any of the above, please give details

Have you any special training, license, or experience, in addition to your regular operator's license? YES _____ NO _____

If YES, please give details _____

SECTION III - CRIMINAL RECORD INFORMATION

Have you ever been convicted of a crime? YES _____ NO _____

Do you have any pending criminal charges awaiting court disposition at this time? YES _____ NO _____

If you have answered YES to either of the above questions, please give details _____

SECTION IV - MILITARY RECORD INFORMATION

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

If YES, Branch of Service _____

Period of active duty: From _____ To _____

Present Status: National Guard _____ Reserves _____ Retired _____

Discharged _____ None _____ Other _____

Highest rank achieved _____ Rank at discharge _____

Special Training: _____

Special Awards, Citations: _____

SECTION V - EDUCATION RECORD INFORMATION
(High School to present)

Name and Address of School	(dates) From - To	Major/ Study	Did You Graduate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any awards, citations, honors, or any other special recognition you received while attending school. _____

List school activities you were involved in, and any offices you held.

SECTION VI - EMPLOYMENT RECORD INFORMATION

List all employment for the past five years, including summer and part-time positions, beginning with your present employer:

Employer	Address	City	Phone
From-To	Supervisor	Salary Received per Hour	
Position and Duties			
Reason for leaving			

Employer	Address	City	Phone
From-To	Supervisor	Salary Received per Hour	
Position and Duties			
Reason for leaving			

Employer	Address	City	Phone
From-To	Supervisor	Salary Received per Hour	
Position and Duties			
Reason for leaving			

Employer	Address	City	Phone
From-To	Supervisor	Salary Received per Hour	
Position and Duties			

Reason for leaving _____

Employer _____ Address _____ City _____ Phone _____

From-To _____ Supervisor _____ Salary Received per Hour _____

Position and Duties _____

Reason for Leaving _____

SECTION VII - RELATIVES

Do you have any relatives who are presently members of the Tomah Area Ambulance Service? YES _____ NO _____

If you answered YES to the above question, please list name and relationship _____

**SECTION VIII - REFERENCES
(not relatives)**

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

SECTION IX - ADDITIONAL QUALIFICATIONS

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

List any special abilities, interests, or hobbies you have

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that my membership, if accepted, with the Tomah Area Ambulance Service - City of Tomah, will be on a probationary basis. I further understand that my continued membership will be contingent upon results of that probation, and a complete physical examination at my expense, or a copy of same within the last calendar year. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I further understand 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 Tomah Area Ambulance Service - City of Tomah, or its authorized representative, to contact and obtain information pertaining to me from the sources contained in this document and from any or all of the following 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.

Date

Signature (Full Name Required)

Witness Signature (Full Name) - Required

Witness (Full Name Printed) - Required