



AREA AMBULANCE SERVICE

EMPLOYMENT APPLICATION

(Please print clearly)

PERSONAL

Name _____ Social Security # _____
(Last, first, middle initial)

Address _____ Telephone/Cell # _____

_____ Do you have a valid WI Drivers License? _____

Were you previously employed by the City of Tomah? _____ If yes, when? _____

Do you have a valid Commercial WI Drivers License? _____ Expiration date _____

Do you have any relatives employed by the City of Tomah? _____ If yes, provide name(s) and

Relationship(s): _____

EMPLOYMENT INTERESTS

Position(s) desired: _____

Full-time _____ Part-time _____ Date available for work: _____

Salary requirements: \$ _____ per hour \$ _____ annually

EDUCATION

	<u>Name and Address of School</u>	<u>Did you graduate?</u>	<u>Degree</u>
High School	_____	_____	_____
	_____		_____

College	_____	_____	_____
	_____	_____	_____

Other	_____	_____	_____
	_____		_____

EMPLOYMENT HISTORY

List below your past three employers, beginning with the most recent:

1. Name and address of Firm: _____ Position: _____
 _____ Dates of employment: _____
 _____ Salary: _____ (hourly / biweekly / annual)
 _____ (Circle one)
 _____ Reason for Leaving: _____
 Name of Supervisor: _____
 Duties: _____

2. Name and address of Firm: _____ Position: _____
 _____ Dates of employment: _____
 _____ Salary: _____ (hourly / biweekly / annual)
 _____ (Circle one)
 _____ Reason for Leaving: _____
 Name of Supervisor: _____
 Duties: _____

3. Name and address of Firm: _____ Position: _____
 _____ Dates of employment: _____
 _____ Salary: _____ (hourly / biweekly / annual)
 _____ (Circle one)
 _____ Reason for Leaving: _____
 Name of Supervisor: _____
 Duties: _____

May we contact the employers listed above? If not, indicate which ones you do not want us to contact: _____

MILITARY SERVICE RECORD

Were you a member of the U.S. Armed Forces? _____ If yes, which branch? _____

Dates of Duty: From: _____ To: _____ Rank upon discharge: _____

List duties while in service, including special training: _____

REFERENCES

List three references, not relatives, who have personal knowledge of your training, experiences and capability:

1. Name: _____ Company: _____

Address: _____ Telephone: _____

2. Name: _____ Company: _____

Address: _____ Telephone: _____

3. Name: _____ Company: _____

Address: _____ Telephone: _____

Additional Comments/Training/Experience: _____

The information on this application is correct and complete to the best of my knowledge. I authorize the City of Tomah to verify or investigate this information and also authorize the organizations, schools and persons named in the application to release information regarding me. I understand that my furnishing any false information will be reason for disqualification as a candidate for employment or cause for termination if I am employed. Additionally, I understand that the City of Tomah may request an investigative background report concerning my character, reputation, etc., and that if such an inquiry is made, that information about the nature and scope of that inquiry will be supplied to me upon written request. I understand that my employment status, if offered a position that is not governed by a Union Contract, shall be on an at will basis.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to the City of Tomah, Wisconsin, any and all information that you may have concerning the following:

1. Employment history, work record and my reputation including my complete personnel file.
2. Medical records, including physical or mental examinations.
3. Scholastic records.
4. Financial records and credit information.
5. Records maintained by any law enforcement agency including arrest records of pending charges, conviction record, or those relating to traffic violations.

This information is to be used to assist the City of Tomah, Wisconsin. Please provide to the bearer of this release form any information falling within the classes listed above, including any information considered confidential or privileged, and permit copying of such information if requested.

I hereby release you and/or your employer or organization from any liability or damage whatsoever which may result because of furnishing such information.

Date: _____

Signature: _____

Print Name (Last, First, MI) _____

Date of Birth: _____

Social Security #: _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.