

Clintonville Area Ambulance Service

Application for Employment

About us: We are a multi municipal shared service providing Paramedic level service. 2 stations are staffed 24/7 with a Paramedic and EMT/AEMT configuration. Our response area encompasses nearly 500 sq miles in NE Waupaca, SE Shawano, and W Outagamie Counties

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Website/Social media <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
<u>Contacts:</u>		Date of Birth: (optional)
Phone:	(H) _____	(Cell) _____ / /
Email: _____		
Drivers License Number (for background check)		Social Security Number (optional)
		- -

You are 18 years or older? Yes No

Have you ever applied to us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you prevented from lawfully becoming employed for any reason? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Will you be available to work nights, weekends and holidays? Yes No

Are you active or former Military? **Branch** _____ Yes No

Is there any reason you will not have a clear background check? Yes No

If yes, please explain _____

Education

May substitute or include resume for education and job history sections

	Name and City of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Technical College				
University or College				
Other (Specify)				

Describe any specialized training, apprenticeship and skills that will benefit our service.

Describe any training received in the United States military that relates to this career

If you need additional space, please continue on back or a separate sheet of paper

Employment Experience

(Most recent 1st)

Employer	<u>Dates:</u> Start: _____ End: _____ Still employed _____
Address	<u>Work Duties</u>
Telephone Number(s)	<u>Hourly Rate/Salary</u> Start Final
Job Title:	May we contact?
Supervisor:	YES NO
Reason for Leaving	

Employer	<u>Dates:</u> Start: _____ End: _____ Still employed _____
Address	<u>Work Duties</u>
Telephone Number(s)	<u>Hourly Rate/Salary</u> Start Final
Job Title:	May we contact?
Supervisor:	YES NO
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Employer	<u>Dates:</u> Start: _____ End: _____ Still employed _____
Address	<u>Work Duties</u>
Telephone Number(s)	<u>Hourly Rate/Salary</u> Start Final
Job Title:	May we contact?
Supervisor:	YES NO
Reason for Leaving	

Employment Experience

(Continued)

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize those that you feel will assist in our decision for employment with us

Specialized Skills &/or Training

Check and/or circle all that apply

- | | |
|--|--|
| <input type="checkbox"/> Emergency Responder | <input type="checkbox"/> PHTLS/ITLS |
| <input type="checkbox"/> EMT Basic | <input type="checkbox"/> EMS Instructor: Level 1 _____ Level 2 _____ |
| <input type="checkbox"/> Advanced EMT (IV Tech) | <input type="checkbox"/> AHA Instructor: BLS _____ ACLS _____ PALS _____ |
| <input type="checkbox"/> Intermediate (I-99) | <input type="checkbox"/> Weapons of Mass Destruction (WMD) |
| <input type="checkbox"/> Paramedic: State _____ National _____ | <input type="checkbox"/> Emergency Vehicle Ops (CEVO) or equivalent |
| <input type="checkbox"/> Critical Care Paramedic | <input type="checkbox"/> NIMS (100, 200, 300, 400, 700, 800) |
| <input type="checkbox"/> PEPP or PALS <input type="checkbox"/> | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> ACLS <input type="checkbox"/> | _____ |

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in this occupation for the job you have applied for? A job description of the activities is available, upon request.

Yes No Prefer not to answer

Work Related References

	(Name/Address)	Contact information (phone # or email)
1.		
2.		
3.		

All information on this application is to the best of my knowledge truthful & accurate. I understand that if any information is found to be deliberately false or inaccurate that this application and/or eligibility for employment may be forfeited. If I receive an offer for employment and/or begin employment and false or inaccurate information is found, offer for employment may be removed or employment terminated immediately. I understand if offered employment and accept I will be under a 1 year trial and training period. I do thereby allow the Clintonville Area Ambulance Service to perform any and all background checks as they relate to employment and job expectations. I also understand that employment with the service requires a minimum of a valid State of Wisconsin licensure for the level applying for, said license does require a clear criminal background check.

Applicant Signature

Date

Return via mail or email to:

**Clintonville Area Ambulance Service
P.O. Box 98
Clintonville, WI 54929
Email: clintamb@clintonvilleambulance.net**

Revised 10/26/2016