

# APPLICATION FOR EMPLOYMENT

DEMOGRAPHICS	Last Name		First	Middle Initial
	Street Address			
	City	State	Zip	Home Telephone
	E-mail Address (optional)			Business Telephone
	Have you ever applied for employment with us before?			Social Security Number
	Position Desired			Are you over 18?   Y   N
	EMT	Driver	Other	If not, DOB _____
	Availability - Days per Week and Hours		Driver's License Number (driving record check)	
	If you are not a licensed EMT, are you planning on taking the next available EMT course?			
	If you are a licensed EMT, what is your current state and licensure level?			
Describe any training relevant to the position for which you are applying?				

EDUCATION	School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
	High School					
	Business or Technical School					
	College					
	Graduate					

MILITARY	Have you served in the U.S. Armed Forces?	
	Yes	No
		If yes, what branch? _____
Describe any training relevant to the position for which you are applying?		



Name	Telephone Number
Address	Number of Years Known/Relationship
Name	Telephone Number
Address	Number of Years Known/Relationship
Name	Telephone Number
Address	Number of Years Known/Relationship
Name	Telephone Number
Address	Number of Years Known/Relationship

**CRIMINAL BACKGROUND INFORMATION**

Have you ever been convicted of any criminal offense including any traffic violations? If so, please explain. A criminal conviction will be considered only in relation to the position in which you are interested. Seriousness and nature of the offense, time elapsed and rehabilitation will be taken into account. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a detailed explanation and the date of the offense:

I, the undersigned, do hereby declare the information provided on these pages to be true and complete to the best of my knowledge. I understand that if employed, falsified, misrepresented, or omitted statements on this application shall be grounds for dismissal from Green County Emergency Medical Services, Inc. Please initial \_\_\_\_\_

All individuals who are conditionally accepted for employment with Green County EMS, Inc. will be required to submit to a drug test prior to commencement of employment. Failure to submit and consent for the drug testing shall disqualify you from further consideration for employment with Green County EMS, Inc. Please initial \_\_\_\_\_

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability from any damage that may result from utilization of such information. Please initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Green County EMS, Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation, handicap, or veteran status.

Mail to: Green County EMS; PO Box 28; Monroe, WI 53566