Dells-Delton EMS



45 Miller Drive, PO Box 716

Lake Delton, WI 53940

www.dells-deltonems.org

**APPLICATION FOR EMPLOYMENT – PARAMEDIC**

**NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.**

 ***Dells-Delton EMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service or any other protected class. Dells-Delton EMS is a drug-free workplace.***

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| **1. PERSONAL INFORMATION** |
| **Name (Last, First, Middle)**      | **Social Security # (xxx-xx-xxxx)**      |
| **Address (Apartment, Street, P.O. Box)**      | **Home Telephone Number**      |
| **City**      | **State**      | **Zip Code**      | **Work Telephone Number**      |
| **Email Address**      | **Cell Phone Number**      |
| **Position applying for? Full-Time [ ]  Part-Time** **[ ]**  |
| **Date available to start?**       |
| **Are you at least 18 years old? Yes [ ]  No [ ]**  |
| **Are you a United States citizen? Yes [ ]  No [ ]**  |
| **Do you have a high school diploma, GED or HSED? Yes** **[ ]  No** **[ ]**  |
| **Do you possess a valid Wisconsin driver’s license or a valid driver’s license from another state? Yes [ ]  No [ ]**  **Driver’s License #:**       **State:**       **Class:**       |
| **Have you ever been convicted of a felony? Yes [ ]  No [ ]**  |
| **Have you ever been convicted of a misdemeanor? Yes [ ]  No [ ]**  |
| **Have you ever been excluded from any state or federal health care program? Yes [ ]  No [ ]**  |
|  |
| **2. CERTIFICATION INFORMATION**(List only current certifications, photocopies required at interview) |
| **Certification** | **Certification Number** | **Expiration Date** | **Certifying Agency** |
| CPR |       |       |       |
| EMT / Intermediate Tech / EMT-P *(circle one)* |       |       |       |
| National Registry |       |       |       |
| PALS |       |       |       |
| ACLS |       |       |       |
| BTLS |       |       |       |
| EMD |       |       |       |
| CDL |       |       |       |
| Other:       |       |       |       |
| **3. EDUCATION** |
|  | **Dates** |  |
| **Name of School(s)**  | **From (mm/yyyy)** | **To****(mm/yyyy)** | **Degree, Diploma, or Credits Earned** |
| ***High School(s)*** |
|       |       |       |       |
|       |       |       |       |
| ***College(s)*** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **EMS / Fire Service Related Training (not listed above):**       |
| **EMS / Fire / Professional Affiliations (other than listed under prior employment):**       |
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| **4. EMPLOYMENT** |
| **Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.** |
| **Name and Address of Employer** | **Dates of Employment**  |
| **From (mm/yyyy)** | **To (mm/yyyy)** |
| **Name of Employer:**       |       |       |
| **Address:**      | **Full-Time** **[ ]  Part-Time [ ]**  | ***Annual Salary/Wages:***      |
| **City:**      | **State:**      | **Zip Code:**      |
| **Supervisor’s Name / Telephone Number:**      | **May we contact the employer / supervisor?** **Yes [ ]  No** **[ ]**  |
| **Position and kind of work:**      | **Reason for Leaving:**      |
|  |
| **Name and Address of Employer** | **Dates of Employment**  |
| **From (mm/yyyy)** | **To (mm/yyyy)** |
| **Name of Employer:**      |       |       |
| **Address:**      | **Full-Time [ ]  Part-Time [ ]**  | ***Annual Salary/Wages:***      |
| **City:**      | **State:**      | **Zip Code:**      |
| **Supervisor’s Name / Telephone Number:**      | **May we contact the employer / supervisor?** **Yes** **[ ]  No** **[ ]**  |
| **Position and kind of work:**      | **Reason for Leaving:**      |
|  |
| **Name and Address of Employer** | **Dates of Employment**  |
| **From (mm/yyyy)** | **To (mm/yyyy)** |
| **Name of Employer:**      |       |       |
| **Address:**      | **Full-Time[ ]  Part-Time [ ]**  | ***Annual Salary/Wages:***      |
| **City**      | **State:**      | **Zip Code:**      |
| **Supervisor’s Name / Telephone Number:**      | **May we contact the employer / supervisor?** **Yes [ ]  No [ ]**  |
| **Position and kind of work:**      | **Reason for Leaving:**      |
|  |  |
| **5. MILITARY SERVICE** |
| **Branch of Service** | **From (mm/yyyy)** | **To (mm/yyyy)** | **Active Duty or Reserve** | **Highest Grade** | **Skill Specialty or Primary Duty**  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Honorably Discharged from Military Service? Yes [ ]  No [ ]  Not Applicable [ ]**  |
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| **6. REFERENCES** |
| **Give three references (not relatives, or present employer)** |
| **Name:**       |
| **Position/Title/Profession:**       |
| **Number of Years Acquainted:**       |
| **Address:**       |
| **City/State/Zip:**       |
| **Telephone Number:**       |
|  |
| **Name:**       |
| **Position/Title/Profession:**       |
| **Number of Years Acquainted:**       |
| **Address:**       |
| **City/State/Zip:**       |
| **Telephone Number:**       |
|  |
| **Name:**       |
| **Position/Title/Profession:**       |
| **Number of Years Acquainted:**       |
| **Address:**       |
| **City/State/Zip:**       |
| **Telephone Number:**       |
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| **APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW**Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information and statements made are subject to verification.**CERTIFICATION**ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

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|  Applicants Signature |      Date Signed |
| Under the provisions of § 19.36, Wis. Stats., I request that my identity as an applicant for this position not be revealed without my consent or until required under law. |
|  Applicants Signature |      Date Signed |

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