

ALBANY AREA EMS EMPLOYMENT APPLICATION

APPLICANT NAME: _____

DATE OF APPLICATION: ____/____/____

POSITION APPLYING FOR:

___ AEMT ___ EMT ___ EMR ___ Driver ___ Other



APPLICATION INSTRUCTIONS

Please complete the application in its entirety. **Please print clearly or type with blue or black ink.** When submitting the application, if you want, you can attach any of the documents listed below as we will need these upon hiring: Please check the items you have provided with this application. **DO NOT FORGET TO SIGN THE APPLICATION.**

When completed please return to:
Albany Area EMS
208 N Water St.
Albany, WI 53502
Questions? Call (608) 862-3249

ATTACHED ITEMS

- ___ Copy of a current driver's license or WI ID **REQUIRED**
- ___ Copy of your social security card **REQUIRED**
- ___ Copy of a current WI EMS license **REQUIRED FOR EMS FIELD POSITION**
- ___ Copy of a current CPR card **REQUIRED FOR EMS FIELD POSITION**
- ___ Copy of a current emergency vehicle operator's certification (EVOC)
- ___ Copy of any/all FEMA certifications

TRACKING: OFFICE USE ONLY

DATE RECEIVED ____/____/____ DATE EMS LICENSE CONFIRMED: ____/____/____

INTERVIEW SCHEDULED DATE: ____/____/____ Time: _____

HIRED: ___ Yes ___ No If no, why: _____

BACKGROUND CHECK DATE: ____/____/____

DRIVER'S RECORD CHECK DATE: ____/____/____

REFERENCE CHECK DATE: ____/____/____, ____/____/____, ____/____/____

BOARD APPROVED DATE: ____/____/____

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GENERAL INFORMATION

Applicant's Name: _____
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Current phone number: (____) ____-____ Alternate phone number: (____) ____-____

Email: _____

Are you eligible for employment in the US: ____ Yes ____ No Explain: _____

Have you ever been convicted of a crime: ____ Yes ____ No Explain: _____

Please indicate the date you are available to start work: ____/____/____

Please indicate desired work schedule: _____

Please indicate days or times you cannot work: _____

GENERAL EDUCATION

Do you have a: ____ High school Diploma ____ GED Year Graduated: _____

Name of High School: _____

EMS EDUCATION

Course: ____ AEMT ____ EMT ____ EMR ____ Driver ____ Other

Date Course Completed: ____/____/____

Course taken at: _____

Course: ____ AEMT ____ EMT ____ EMR ____ Driver ____ Other

Date Course Completed: ____/____/____

Course taken at: _____

Other EMS related courses: _____

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EMS LICENSE AND CERTIFICATIONS

Current WI License Level: ___ AEMT ___ EMT ___ EMR ___ Driver ___ Other

WI State License # _____ Expiration Date: ____/____/____

Are you currently Nationally Registered? ___ Yes ___ No

NREMT License # _____ Expiration Date: ____/____/____

Are you a licensed EMS Instructor? ___ Yes ___ No

Instructor License # _____ Expiration Date: ____/____/____

Have you had any disciplinary actions against your EMS license? ___ Yes ___ No

If yes, explain: _____

Medical control authorities you have worked in: _____

Current CPR Certification Expiration Date: ____/____/____

Are you a CPR instructor: ___ Yes ___ No

CPR Instructor License # _____ Expiration Date: ____/____/____

Affiliated with: _____

DRIVING RECORD

WI Driver's License # _____ Expiration Date: ____/____/____

Years Driving: _____

Do you have experience driving emergency vehicles? ___ Yes ___ No How many years: _____

Driving Offenses:

Date: ____/____/____ Offense _____ Points: _____

Date: ____/____/____ Offense _____ Points: _____

Has your driver's license ever been suspended or revoked? ___ Yes ___ No

If yes, explain: _____

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REFERENCES: Provide at least *three*

Name: _____ Relationship: _____ Years known: _____

Current phone number: (____) ____ - ____ Alternate phone number: (____) ____ - ____

Email: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____ Years known: _____

Current phone number: (____) ____ - ____ Alternate phone number: (____) ____ - ____

Email: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____ Years known: _____

Current phone number: (____) ____ - ____ Alternate phone number: (____) ____ - ____

Email: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that Albany Area EMS, herein identified as "AAEMS", requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize AAEMS to investigate my past criminal record, education credentials, and other employment related activities.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that AAEMS can rely on this information in making employment decisions. I understand that any false answers or statements made by me on this application, regardless of when discovered, by AAEMS, will be grounds for immediate disqualification or discharge. I understand, also, that I am required to abide by all rules and regulation of AAEMS, and all local, State of Wisconsin, and Federal rules governing ambulance operations, or any other such applicable rules or laws.

I understand that any offer of employment may be contingent upon, a criminal background and motor vehicle operator record check, and that AAEMS will do periodic criminal background and motor vehicle operator record checks. I understand that I cannot operate company vehicles until I am at least 21 years of age, and that operating AAEMS vehicle is contingent upon having a good driving record and completing all required training.

I understand I will make myself available for one crew training per month and all mandatory training activities as required for licensure, re-licensure, or as required by medical direction.

I understand that my certifications, such as CPR, will need to be kept current along with my state license. If they expire, I will not be able to provide any type of patient care.

I understand that there are minimum requirements of on call time and will fulfill those requirements each month or reimburse AAEMS for costs of licensure as agreed upon with the Educational Agreement.

I agree to abide by the Bylaws and Policies and Procedures Manual as well as protocols set by medical direction. Failure to do so can result in disciplinary action which may include immediate dismissal from AAEMS membership.

I understand that this application does not guarantee membership to AAEMS.

I acknowledge that I have read, understand, and agree to abide by the terms above.

Signature of Applicant: _____ **Date:** ____/____/____