

# RICHLAND COUNTY AMBULANCE ATTENDANT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: \_\_\_\_\_

Last Name	First Name	Middle
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Application for Position of:	Date Available
Present Address – Number, Street, State, ZIP Code	Home Phone Number
Mailing Address (if different from above) Number, Street, State, ZIP Code	Business Phone Number

Are you at least 18 years of age? \_\_\_\_\_

Do you hold a valid Wisconsin Driver's License? Yes, License Number \_\_\_\_\_ No \_\_\_\_

Do you have a current Wisconsin EMT License? Yes, License Number \_\_\_\_\_ No \_\_\_\_

Date that you can start \_\_\_\_\_

When can you be on call: 8am – 5pm \_\_\_\_ 5pm – 8am \_\_\_\_ Weekends \_\_\_\_ Anytime \_\_\_\_ other \_\_\_\_

<b>EDUCATION AND TRAINING</b>																					
Circle the highest grade or year completed in school: 1   2   3   4   5   6   7   8   9   10   11   12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">                             Do you have a High School Diploma or a GED Equivalency?  <input type="checkbox"/> Yes   <input type="checkbox"/> No                         </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <b>Name and Location of High School</b> </td> </tr> </table>	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name and Location of High School</b>																		
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<b>TRAINING BEYOND HIGH SCHOOL</b> (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College or University: 1   2   3   4   5   6   7   8   9   10   11   12																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and Location</th> <th style="width: 15%;">Date Started</th> <th style="width: 15%;">Date Completed</th> <th style="width: 20%;">Major Field</th> <th style="width: 20%;">Degree (and Year) Conferred</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and Location	Date Started	Date Completed	Major Field	Degree (and Year) Conferred																
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Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, volunteer work which you feel is <b>relevant</b> to the position for which you are applying. Also include <b>relevant</b> licenses or certificates. <b>BE SPECIFIC.</b>																					

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## FORMER AND/OR PRESENT EMPLOYERS

<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	<b>Month and Year</b>
<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	
<b>Name</b>	<b>Address</b>	<b>Position</b>	<b>Telephone</b>	

**REFERENCES:** Provide below the names of three persons not related to you, whom you have known at least a year.

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Name</b>	<b>Address</b>	<b>Telephone</b>

**PHYSICAL RECORD:** Are you on any medications that would prevent you from performing the essential duties of an EMT with reasonable accommodations? No  Yes  Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical defects or injuries that would prevent you from performing the essential duties of an EMT, with reasonable accommodations? No  Yes  Explain: \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY:** Have you ever been CONVICTED of a crime, including traffic, which would prevent you from performing the duties of an EMT? No  If Yes please list offense, date of conviction, current restrictions, if any: \_\_\_\_\_

\_\_\_\_\_

Are you required to register as a Sex Offender in any state? No  Yes

I authorize investigation of all information contained in this application, including driving record. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period.

<b>Signature</b>	<b>Date Signed</b>

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