



# RIVER FALLS AREA AMBULANCE SERVICE

## Application for Employment



River Falls Ambulance is an EEO Employer.  
All employees are classified as "At Will"  
**(Please Print Clearly)**

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First : \_\_\_\_\_ M.I. \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### EDUCATION

Did you graduate high school or complete a GED?  Yes  No Where? \_\_\_\_\_

What was the last grade completed: *(circle one)*    8 9 10 11 12 / 13 14 15 16 17 18 19 20 +  
High School College / Post High School

National Registry / EMS Level: *(check one)*  
 Medial Responder     EMT-Basic     Advanced EMT     Intermediate     Paramedic     Critical Care     RN

Name of College, University, Vocational or Technical School	Location (City & State)	Dates Attended	Degree / Certificate Received

### SERVICE AFFILIATION

Please list your affiliations with any other ambulance service/department?

Service/Dept Name	City/State	Supervisor	Phone	May we contact?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any volunteer organizations or military duties you have been involved in.

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**PAST EMPLOYERS**

*Please list below your last three employers, begin with current.*

❶ Current/Last Employer: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone No. (\_\_\_\_)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact supervisor?  Yes  No

❷ Employer: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone No. (\_\_\_\_)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact supervisor?  Yes  No

❸ Employer: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone No. (\_\_\_\_)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact supervisor?  Yes  No

**CRIMINAL INFORMATION**

Have you ever been convicted of a felony or misdemeanor within the last 5 years? \* Yes  No

Do you have any pending criminal charges awaiting disposition at this time? \* Yes  No

\*If you answered yes to either question, please provide information on arrest, nature of each charge or conviction, related circumstances and final disposition on a separate page. Include dates and any other necessary information.

*Please note:* A full criminal & caregiver background check will be conducted prior to employment.

**MISCELLANEOUS**

I understand and agree that I may be required to take a physical and/or psychological exam as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release the City, its staff or employees from any claim arising in connection with the use of such test(s).  Yes  No

In order to process this application you *must* enclose the following items:

- ✓ A completed WI criminal background information disclosure form.
- ✓ A copy of your current Driver’s License (for background checks)
- ✓ A copy of your current CPR card. (front & back)
- ✓ A copy of any advanced certifications (ACLS, PEPP, PALS, PHTLS, etc)
- ✓ A copy of your current national registry card. (required to obtain initial WI license)
- ✓ A copy of your current WI EMS license (if applicable)

**AVAILABILITY**

Please check when you are available to take call time with our department:

- Day shift (6a-6p)     Night shift (6p-6a)

**REFERENCES**

Please list 3 references unrelated to you who have known you for at least a year:

① Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. (\_\_\_\_)

② Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. (\_\_\_\_)

③ Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. (\_\_\_\_)

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, any falsification, misrepresentation or omission shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if employed, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to have your application kept on file if there are no openings at this time?     Yes     No