



Ambulance Service, Inc.

604 S. Milwaukee St. • P.O. Box 141
Plymouth, WI 53073

Application for Employment

**The Director of the organization may verify all information and references given on the application.*

Name: _____ Date: _____

Address: _____ Phone: _____

_____ S. S. #: _____

City: _____ State: _____

Driver's License Number and State: _____

Driver's License Class and Expiration Date: _____

Current Employment or Name of School: _____

Educational Background

High School / Tech School: _____ Graduate Y or N

College / Vocational School: _____ Graduate Y or N

Previous Emergency Services Experience

EMS Provider: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

EMS Provider: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

Total years involved in EMS: _____

Application for Employment – *Continued*

General Employment History

Employer Name: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

Employer Name: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

Employer Name: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

Employer Name: _____ Date: from _____ to _____

Position(s) held: _____

Supervisor's Name: _____ Phone #: _____

References – not immediate family

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Application for Employment – *Continued*

Health Information

Is there any reason that your present health condition would restrict your activities as an emergency service provider? [If yes, please explain.]

Do you suffer from any fear / phobias that would restrict your activities as an emergency services provider?

Name of Person to contact in case of an emergency: _____

Emergency Phone Number: _____ Relationship: _____

Background Investigation

Have you ever been convicted of a crime? [Circle One] Yes No

[If yes, please explain] _____

Signatures

I understand and agree that I may be required to take a physical examination as a condition of employment. I agree to consent to such exam and to Plymouth Ambulance Service, Inc., its directors, officers, agents or employees from any claim arising in connection with the use of such exam.

I certify that the facts contained in my application for employment as well as the facts relayed during my personal interview(s) are true and complete to the best of my knowledge and understand that if employed, falsified statements shall be grounds for dismissal.

I agree to permit the Plymouth Ambulance Service, Inc. to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization.

I understand that I have given permission to Plymouth Ambulance Service, Inc. or its agent(s) to conduct reference checks with present, past, or future employees, co-workers, family, friends, or any other acquaintances that I may have been in contact with.

Signature of Applicant: _____ Date: _____

Signature of Director: _____ Date: _____