



Mauston Area Ambulance Association, Inc.
302 South Union Street
P.O. Box 52
Mauston, WI 53948
(608) 847-2223

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE OF BIRTH: _____
(Used only for background check purposes)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHECK WHAT POSITION YOU ARE APPLYING FOR: FULL-TIME PART-TIME

PHONE # _____ CELL # _____ E-MAIL _____

SS# _____ - _____ - _____ EDUCATION: HIGH SCHOOL: 1 2 3 4 GED COLLEGE: 1 2 3 4

WISCONSIN EMS LICENSE LEVEL: PARAMEDIC AEMT EMT Other (Explain Below)

Other: _____

LIST ANY OTHER SPECIAL TRAINING THAT YOU MAY HAVE: _____

REFERENCES: (Provide 3 references, including at least one supervisor. Do not include family members)

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I AGREE TO A DRIVER'S LICENSE CHECK THROUGH THE POLICE DEPARTMENT: YES / NO

I AGREE TO A HEALTH CARE PROVIDER BACKGROUND CHECK: YES / NO

IF YOU HAVE HAD THE HEPATITIS B IMMUNIZATION INJECTIONS, PLEASE INCLUDE DATES AND WHERE THEY WERE GIVEN:

_____ - _____ - _____

ARE THERE ANY CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING YOUR DUTIES AS REQUIRED BY THE APPLICABLE JOB DESCRIPTION? YES / NO

IF YES PLEASE EXPLAIN:

LIST EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. INDICATE ANY PERIODS OF UNEMPLOYMENT. IF ADDITIONAL ROOM IS NEEDED, ATTACH ADDITIONAL SHEETS.

(NOTE: IF YOU MARK FOR US TO NOT CONTACT CURRENT EMPLOYERS, THEY WILL NOT BE CONTACTED IN THIS PROCESS UP TO THE POINT OF A CONDITIONAL JOB OFFER. AT THAT POINT, THEY MUST BE CONTACTED FOR FINAL REFERENCES.)

EMPLOYER: _____ CITY,STATE _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

IF A CURRENT EMPLOYER, MAY WE CONTACT THIS EMPLOYER: ___YES ___NO

EMPLOYER: _____ CITY,STATE _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

IF A CURRENT EMPLOYER, MAY WE CONTACT THIS EMPLOYER: ___YES ___NO

EMPLOYER: _____ CITY,STATE _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

IF A CURRENT EMPLOYER, MAY WE CONTACT THIS EMPLOYER: ___ YES ___ NO

EMPLOYER: _____ CITY,STATE _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

IF A CURRENT EMPLOYER, MAY WE CONTACT THIS EMPLOYER: ___ YES ___ NO

EMPLOYER: _____ CITY,STATE _____

JOB TITLE: _____ START DATE: _____ END DATE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

IF A CURRENT EMPLOYER, MAY WE CONTACT THIS EMPLOYER: ___ YES ___ NO

PLEASE ATTACH A COPY OF THE FOLLOWING IF APPLICABLE:

**WISCONSIN EMS LICENSE
NATIONAL REGISTRY CARD
HEALTHCARE PROVIDER CPR
ACLS/PALS/NRP/PHTLS CARD(S)
DRIVING COURSE (EVOC/EVDT/CEVO) COMPLETION
INSTRUCTOR LEVEL CARD(S)
DRIVER'S LICENSE
RÉSUMÉ**

It is understood and agreed upon, that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from the Employer's service if I have been employed.

I understand that upon a conditional offer of employment, I may be required to provide a sample acceptable to the employer for use in a pre-employment drug screening process.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporation or organization for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that I am free to resign in accordance with current policy. The Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant: _____ Date: _____

May we contact you at the e-mail address you listed above for purposes of hiring? ___Yes ___No

APPLICATIONS ARE NOT ACCEPTED BY FAX OR E-MAIL.

PLEASE RETURN TO:

**MAUSTON AREA AMBULANCE ASSOCIATION, INC.
ATTN: HIRING COMMITTEE
PO BOX 52
MAUSTON, WI 53948**