



MT. CALVARY AMBULANCE SERVICE INC.

P.O. BOX 88 999 Fond Du Lac St. Mt. Calvary, WI. 53057

Office Phone: 920-753-6086

Fax: 920-753-2319

EMPLOYMENT APPLICATION

DATE APPLIED _____

Name: (Last)	(First)	(MI)	Home Phone: ()
Address: (street)			Work Phone:()
(City)	(State)	(Zip)	May we contact you at this # Yes No
			Social Security Number:
Check Position applying for: EMT___ Driver___ Full-time___ Part-time___			
List any other names you have been known by:			
Are you at least 18 years of age? Yes No		Date of Birth _____	
Do you possess a valid Driver's License? Yes No			
DL# _____-_____-_____-__		State Issued:_____ Expiration Date: __/__/__	
Do you have access to a licensed vehicle? Yes No			
Do you currently have a pending criminal charge against you and / or have you ever been convicted of a crime, either misdemeanor or felony? Yes No			
If Yes, please explain: _____			
<p>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to membership and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the organization deems there is a bona fide restriction qualification inherent in the position which requires this information prior to membership</p>			

EDUCATION

Did you graduate from High School? Yes No			
Name/ Location of School: _____			
If NO, have you passed High School equivalency or GED test? Yes No			
Location and Date of Test: _____			
Training beyond High School: College, University, or other schools you have attended.			
Name and Location	Dates Attended (Month/Year)	Major Field	Type of Degree (if Received)
	From To		

SKILLS / ADDITIONAL INFORMATION

Please Check the following that apply.

_____ Current CPR Certification

_____ Current EMT License (WI) # _____

_____ Current First Responder License (WI) # _____

_____ Current Instructor Certification for CPR, EMT, or 1st Responder

_____ Hepatitis B Vaccination (Dates) 1. _____ 2. _____ 3. _____

EMPLOYMENT

Name of Employer:	Phone:	Dates of Employment: From: To:
Address:	Supervisor:	
Reason for Leaving or Considering Change:	Job Title:	
Hours per week:		
Description/Duties		

Name of Employer	Phone:	Dates of Employment: From: To:
Address:	Supervisor:	
Hours per Week:	Job Title:	
Description/ Duties:		

Have you worked for another Ambulance before? Yes No

If YES, give dates, name, and number of Service: _____

REFERENCE

List persons who are familiar with your qualifications and background: (not relatives) Individuals must be responsible adults who have known your personally for at least 3 years.

Name:	Phone:	Nature of Relationship:
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Name:	Phone:	Nature of Relationship:

By signing below, I understand that Mt. Calvary Ambulance Service Inc. is a paid on-call service, and that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment tendered me will be contingent upon the results of complete character and background investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal. I authorize Mt. Calvary Ambulance Service Inc. or its designee to perform a background investigation which includes but in not limited to current and previous employers, driving records, and also criminal record checks.

Signature of Applicant:

Signature of Witness:

Date:

Date:

COMPLETE AND RETURN TO:

**Mt. Calvary Ambulance Service Inc.
Attn: Human Resources
P.O. Box 88
Mt. Calvary, WI. 53057**