

Northwestern Municipal EMS APPLICATION FOR EMPLOYMENT

Date Received:	
Reviewed by:	
Action:	

		PERSONAL IN	FORMATION					
Name: Last		First			M.I.			
Current Address: Street		City	State	е	Zip Code	How Long?	?	
Permanent address if dif	ferent than above				Telephone			
-mail address					Mobile telephone			
List commitments or ac	ctivities which may conflict with	n attendance requireme	nts. Briefly outline	current or fut	ure work and/or scho	ool schedules.		
Who referred you to this c	ompany? Have you ever	applied for work with the	is company? If so	approx. date	9			
		EMPLOYME	NT SKILLS					
	EMT → AEMT → PA				vailable.			
Employment desired: 7	PART TIME → Days	7 Nights 7	Weekends	→ FULL	- I IIVIE			
Date & place of initial ce	rtification/licensure							
Date & place of recertific	ation(s), if any							
		EDUC	CATION					
Schools	Name & Locatio	n of School	From	ites To	Major Study	Degree	GPA	
High School								
College, University, Trade or Business								

Endorsements, specialized skills, certifications, etc.

School

		M	ILITAR	Y				
anch of service	Rank upon disch	narge		Dates of service		Reserve status?		
pecialized training received								
	1	EMPLOYM	ENT EX	PERIENCE				
st past employment record a ttach resume. Include volunt					f space is insufficient	, list on separate page		
Fundamet No.			ates	Supervisor's Name	Position and	B further		
Employer's Nar	me and Address	From	То	and Telephone	Last Salary	Reason for Lea		
		_						
		_						
			EFEREN					
Give names and contact info	rmation of three persons t	o whom you ar	e not relate	ed and by whom you have	not been employed.	Yea		
Name		City and Telephone Number			Occupation			
				CTIVITIES				
ist school, civic, business, or	leisure time activities, and	any offices ne	ia. Exclua	e any which indicate race,	color, religion, or nati	ionai origin.		
authorize investigation of all s nereon will be sufficient cause	e for cancellation of cons	ideration for e	mploymen	t or dismissal from the co	mpany's service if I	have been employed		
Inderstand that employment is esting and/or examination. I use in "at will" employee of Munici	understand that, if I am em ipal Ambulance Service, d	ployed, proof of /b/a Amery Are	of eligibility ea EMS. O	for employment in the Unit pen positions do not obliga	ted States is required ate us to employee ar	, and I will be conside nyone. Amery retains		
ght to change rules, policies a	and procedures, in part or	iii wiiole, at af	ıy ume. Fa(gree to ablue by all policies	and rules of the serv	лье ироп ппе.		

Signature Date