



Cambridge Area Emergency Medical Services *Application for Employment*

AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY

Cambridge Area Emergency Medical Services considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service or any other protected class. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the CAEMS Director.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING	EMT-P <input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-B <input type="checkbox"/>
	EMR <input type="checkbox"/> Other _____

PERSONAL DATA	
NAME: (Last, First, Middle)	DATE:
PERMANENT ADDRESS: (Number, Street)	
CITY, STATE	ZIP
HOME/CELL TELEPHONE #:	BUSINESS TELEPHONE #:
SOCIAL SECURITY #:	BIRTHDATE: Must be over 18 years of age
E-MAIL ADDRESS:	
It is the policy of Cambridge Area EMS to check the driving record of all applicants. Please list your Wisconsin Driver's License Number here and <u>include a copy</u> with this application:	

Schools Attended	Year(s) Attended	Did you graduate?
High School		
Certificate Program		
Certificate Program		
Certificate Program		
Associates Degree		
Bachelor's Degree		



CURRENT CERTIFICATION / LICENSURE		
	License Number	Expiration Date
CPR – BLS expiration date		
ACLS expiration date		
PALS expiration date		
Level of current state License: EMT-B <input type="checkbox"/> , AEMT <input type="checkbox"/> , EMT-P <input type="checkbox"/> EMT-P with Endorsements <input type="checkbox"/> State:		
Level of current NREMT License: EMT-B <input type="checkbox"/> , AEMT <input type="checkbox"/> , EMT-P <input type="checkbox"/> EMT-P with Endorsements <input type="checkbox"/>		
Emergency Vehicle Operations (EVOC):		
Other Certifications and Skills related to EMS and Health Care and Expiration Date		
Other Certifications and Skills related to EMS and Health Care and Expiration Date		
Other Certifications and Skills related to EMS and Health Care and Expiration Date		



List work experience from current employer through 10 years. May list out further if applicable to job.

Name of Company:			Your Job Title	Summary of Duties:
Date of Employment:	From (Month/Year)		To (Month/Year)	
Reason for Leaving:				
Supervisor Name				
Phone:		Email:		
Name of Company:			Your Job Title	Summary of Duties:
Date of Employment:	From (Month/Year)		To (Month/Year)	
Reason for Leaving:				
Supervisor Name				
Phone:		Email:		
Name of Company:			Your Job Title	Summary of Duties:
Date of Employment:	From (Month/Year)		To (Month/Year)	
Reason for Leaving:				
Supervisor Name				
Phone:		Email:		



WORK EXPERIENCE		From Current Employment Back
Name of Company:		Your Job Title
		Summary of Duties:
Date of Employment:	From (Month/Year)	To (Month/Year)
Reason for Leaving:		
Supervisor Name		
Phone:	Email:	

Additional work experience responses may be included on a separate sheet.

If you were discharged for cause from any employment in the last ten years, state the details:

RECORD OF LAW ENFORCEMENT CONTACTS			
<p>Responses will not exclude you from consideration for a position. Disclosure is required prior to obtaining an Emergency Medical Technician license from the State of Wisconsin.</p> <p>Have you ever been arrested, charged or convicted of any traffic violations or any violations of Municipal or City Ordinances, County Ordinances, State or Federal Law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list circumstances of arrest or law violated below (Include traffic violations. Attach separate sheets for additional information.)</p>			
Date	Municipal/County/State	Law violated	Disposition: Bail Forfeited, Fined etc.
Please add additional sheets as necessary.			



PERSONAL REFERENCES		
Do not list the same individuals who are listed under the work experience category. Please list three.		
NAME: (LAST, FIRST)	OCCUPATION	Title:
BUSINESS OR HOME ADDRESS:	PHONE NO.:	Email:
NAME: (LAST, FIRST)	OCCUPATION	Title:
BUSINESS OR HOME ADDRESS:	PHONE NO.:	Email:
NAME: (LAST, FIRST)	OCCUPATION	Title:
BUSINESS OR HOME ADDRESS:	PHONE NO.:	Email:

ALL APPLICANTS MUST MAKE THIS CERTIFICATION	
I have read the job description and in my opinion, I meet the minimum requirements. I certify that all answers to the questions in this application are true, and I agree that any misstatements of material fact will cause forfeiture on my part, to any employment at Cambridge Area EMS.	
SIGNATURE OF APPLICANT:	DATE:
Received by	Title Date:

Please return this application to: EMS Director, Email: director@cambridgeareaems.com and
EMS Deputy Director, Email: jtillmann@cambridgeareaems.com