**AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY**

Cambridge Community Fire/EMS District 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 Chief.

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| **TITLE OF POSITION FOR WHICH YOU ARE APPLYING** | EMT-P [ ] EMT-A [ ] EMT-B [ ] EMR [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **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 Community Fire/EMS District** **to check the driving record of all applicants. Please list your Wisconsin Driver’s License Number here and include a copy with this application:**  |

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

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| **CURRENT CERTIFICATION / LICENSURE** |
|  | **License Number** | **Expiration Date** |
| **CPR – BLS expiration date** |  |  |
| **ACLS expiration date** |  |  |
| **PALS expiration date** |  |  |
| **Level of current state License:** **EMT-B ☐, AEMT ☐, EMT-P ☐****EMT-P with Endorsements ☐****State:** |  |  |
| **Level of current NREMT License:** **EMT-B ☐, AEMT ☐, EMT-P ☐****EMT-P with Endorsements ☐** |  |  |
| **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** |  |  |
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**List work experience from current employer through 10 years. May list out further if applicable to job.**

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

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| **RECORD OF LAW ENFORCEMENT CONTACTS** |
| **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.****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? ☐ Yes ☐ No****If yes, please list circumstances of arrest or law violated below (Include traffic violations. Attach separate sheets for additional information.)** |
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| **Date** | **Municipal/County/State** | **Law violated** | **Disposition: Bail Forfeited, Fined etc.** |
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| **Please add additional sheets as necessary.** |

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

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| **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:** |

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| **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 Community Fire/EMS District.** |
|  |
| SIGNATURE OF APPLICANT: X:  | DATE:  |
| Received byX:  | Title: Date:  |

**Please return this application to: Chief of EMS, Email:** ***chief@ccfireandemsdistrict.com*** ***or*** mail to Chief, PO Box 272, Cambridge, WI 53523.