

Pardeeville District Ambulance Service

Application For Membership

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	Street	City	State Zip Code
Telephone Number(s)	E-mail Address	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

If you are applying for a position that requires driving ambulances, are you at least 23 years of age? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status is required upon employment.) ☐ Yes ☐ No

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Do you have any scheduling restrictions? ☐ Yes ☐ No

If Yes, please explain

Do you have a dependable means of transportation to and from the ambulance station? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

(Convictions will not necessarily disqualify an applicant from employment.)

If Yes, please explain

Do you have the ability to lift, with a partner, a stretcher loaded with 200 lbs.? ☐ Yes ☐ No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Certifications

Please list any certifications that you have that may relate to the position you're applying for. (Proof is required upon membership.)

Referral Information

How Did You Learn About Us?

- ☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other

Automobile Information (Applicable to all EMTs)

Applicable to all EMTs. All EMT positions require a valid drivers license and insurability approval by our insurance carrier.

Driver License No. and State (Must be State of residence):	Automobile Make:	Automobile Liability Insurance Carrier:
	Model (Year):	Effective Date of Coverage:
	Policy No.:	Liability Policy Limit:

Employment Experience

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. We reserve the right to contact any previous employers or references listed below to obtain information regarding your previous work performance.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References

1.	(Name)	(Relationship)	(Phone #)	(E-mail)
2.	(Name)	(Relationship)	(Phone #)	(E-mail)
3.	(Name)	(Relationship)	(Phone #)	(E-mail)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership relationship with this organization is of an "at will" nature, which means that the Member may resign at any time and PDAS may discharge Member at any time with or without cause. It is further understood that this "at will" membership relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of membership, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of PDAS.

Signature of Applicant

Date

* Please return application to: Pardeeville District Ambulance Service Personnel Committee 501 Gillette St. Pardeeville, WI 53954

**Applicants may attach to this application any additional information you feel may be helpful to us in considering your application.