

Thank you for your interest in Waunakee Area EMS. The information provided on this application will determine the acceptance of your application and may be used in part as a basis for your employment with our organization. For this reason, it is important that you answer all questions completely and accurately to the best of your knowledge.

If you are a person with a disability and need accommodations during any time of the application or hiring process, you are responsible for informing us of your needs and we will accommodate appropriately to the best our abilities.

PLEASE PRINT						
Last Name		First Name			MI	
Present Address		City		State	Zip Code	
		-				
Primary Phone	Other Phone	Email Address	S			
( )	( )					
( )	( )					
Driver License Number			Last four of So	cial Secu	rity	
			XXX	– XX -		

## **Education and Training**

High School: (Circle highest year completed)		Training beyond high school: (Circle number of years)		
9 10 11 12 Graduated?Yes	No	1 2 3 4 5 6 7 8 Degree Obtai	ned?YesNo	
List any current certifications or licensures that pertain to EMS (First Aid, CPR, EMT, AEMT, Emergency Vehicle Operations, NIMS) or any other medical professions.				
Туре	License Number (If Applicable)		Expiration Date	

#### **Record of Law Enforcement Convictions**

Have you ever been convicted of any violations of local or County Ordinances, State or Federal laws, including traffic violations?

□ YES □ NO (If yes, list circumstance below)

Responses will not exclude you from consideration of employment. Disclosure is required prior to credentialed with our department and being authorized to drive an emergency vehicle.

Date	Municipality/County/State	Law / Ordinance Violated	Disposition (Convicted, bail forfeited, fined etc.)

# **Work Experience**

Beginning with your present or most recent job, list your last three employers.			
Name of Company:	Supervisor(s) Name and Phone Number:		
Full address (Number, Street, City, State, Zip):			
Dates of Employment:	Job Title:		
Start (mo/yr): End (mo/yr):			
Reason for leaving:			
Name of Company:	Supervisor(s) Name and Phone Number:		
Full address (Number, Street, City, State, Zip):			
Dates of Employment:	Job Title:		
Start (mo/yr): End (mo/yr):			
Reason for leaving:			
Name of Company:	Supervisor(s) Name and Phone Number:		
Full address (Number, Street, City, State, Zip):			
Dates of Employment:	Job Title:		
Start (mo/yr): End (mo/yr):			
Reason for leaving:			

#### **Personal References**

Do not list family members or supervisors named above			
Name (Last, First):	Occupation:		
Address:	Phone Number:		
How long have you known this person?			
Name (Last, First):	Occupation:		
Address:	Phone Number:		
How long have you known this person?			
Name (Last, First):	Occupation:		
Address:	Phone Number:		
How long have you known this person?			

## ALL APLICANTS MUST MAKE THIS CERTIFICATION

I certify that all information provided by me in this application is true and correct to the best of my knowledge. I understand and acknowledge that false statements, omissions, or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal.

Signature

Date

Please return application and Authorization for Background Check to:

Deputy Chief Dustin Riggs Waunakee Area EMS PO Box 33 Waunakee, WI 53597

Or scan and email to: driggs@waems.net

# AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the Waunakee Area EMS and its designated agents and representatives to conduct a comprehensive review and verify all information that I have provided on the application for employment and to conduct a comprehensive background investigation, including consumer reports and investigative consumer reports and/or criminal background, to be generated for employment purposes. I understand the scope of the background check may include, but is not limited to, the following areas: verification of social security number; current and previous residence; employment history; educational background; character references; civil or criminal history records from any criminal justice agency and any and all federal, state, city and county jurisdictions, State department of motor vehicle/driver's license records to include traffic citations and registrations; birth records; and any other public records.

I further authorize an individual, company, firm, corporation, public agency (including the Social Security Administration and law enforcement agencies, including specifically the Waunakee Police Department) to divulge any and all information, verbal or written, pertaining to me to the Waunakee Area EMS or its agents.

I further authorize the complete release of any records or data pertaining to me, which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources to the Waunakee Area EMS or its agents.

I hereby agree that a photocopy or telephonic facsimile of this Authorization shall be valid as the original.

I understand that before I am denied employment based, in whole or in part, on information obtained in a consumer report, I will be provided with a copy of the report and description in writing of my rights under the FCRA.

I hereby release the Waunakee Area EMS, the Social Security Administration, law enforcement agencies, including specifically the Waunakee Police Department, and its agents, officials, representatives, or assigned agencies, including officers, employees, related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of the compliance with this Authorization and request for release.

I understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment will not be processed further.

Applicant Name

Signature

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