

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: Start (mo/yr): End (mo/yr):	Job Title:
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full address (Number, Street, City, State, Zip):	
Dates of Employment: Start (mo/yr): End (mo/yr):	Job Title:
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full address (Number, Street, City, State, Zip):	
Dates of Employment: Start (mo/yr): End (mo/yr):	Job Title:
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 APPLICANTS 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

___/___/_____
Date