



Employment Application

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability, veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY

PERSONAL DATA

NAME (Last)		First	Middle	Social Security Number	
HOME ADDRESS (Number & Street)			City	State	ZIP
Daytime Phone (with area code)		Alternative Phone (with area code)		Best Time to contact you is:	
<p>Applicants applying for positions requiring driving must meet company & insurance guidelines for eligibility. Driver's license records are verified before applicants can be considered for hire. The information you provide below is optional at this time; however will be required to complete the application process.</p> <p>Driver License Number ____ - ____ - ____ - ____ Issuing State ____ DOB ____ - ____ - ____</p> <p>Is your Drivers license Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any traffic violations currently awaiting disposition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony or misdemeanor, including traffic offenses that would be considered minor misdemeanors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the nature of the offense(s), when and where convicted and disposition of the case(s):</p> <p>_____</p> <p>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances and relevance of the offense to the position for which you are applying will be taken into consideration.</p>				<p>Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)</p> <p>Email Address</p>	
<p>Do you have any medical or physical problems that prevent you from: (check all that apply)</p> <p><input type="checkbox"/> Driving a Vehicle? <input type="checkbox"/> Carrying 70 lbs. of equipment? <input type="checkbox"/> Driving a Vehicle? <input type="checkbox"/> Lifting 100 lbs.? <input type="checkbox"/> Climbing/Descending Stairs? <input type="checkbox"/> Performing CPR? <input type="checkbox"/> Wearing Respiratory Protection? <input type="checkbox"/> Bending, squatting, kneeling, walking on uneven ground?</p> <p>Do you have any physical condition(s) which may limit your ability to perform the job for which you've applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: _____</p> <p>_____</p>					

POSITION

Position Desired	Wage/Salary Expected <input type="checkbox"/> Hour <input type="checkbox"/> Annual \$	When would you be available to begin work?
Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time employment?		If employed, may we contact your current employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EDUCATION

School	Name of School Street, City & State	Degree Received	Year Received	Dates of Attendance	Major & Minor Fields of Study
High School			XXXXXXX	XXXXXXXXXXXXXXXXXX	
College					
Other, Including GED					

APPLICANT NAME _____

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Hours per week</i>	<i>Ending Wage</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name & Title of Contact</i>		<i>Contacts Phone Number</i>
2ND MOST RECENT EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Hours per week</i>	<i>Ending Wage</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name & Title of Contact</i>		<i>Contacts Phone Number</i>
3RD MOST RECENT EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Hours per week</i>	<i>Ending Wage</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name & Title of Contact</i>		<i>Contacts Phone Number</i>
4TH MOST RECENT EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Hours per week</i>	<i>Ending Wage</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name & Title of Contact</i>		<i>Contacts Phone Number</i>
5TH MOST RECENT EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Hours per week</i>	<i>Ending Wage</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name & Title of Contact</i>		<i>Contacts Phone Number</i>

APPLICANT NAME _____

QUALIFICATIONS *(List all professional licenses, registrations or certifications currently held)*

	<i>expiration date</i>
	<i>expiration date</i>
	<i>expiration date</i>
	<i>expiration date</i>
	<i>expiration date</i>
	<i>expiration date</i>

SPECIAL SKILLS

<p>List any special training, skills, experience or abilities that you may have, which are relevant to the position that you are applying for.</p>	
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PROFESSIONAL REFERENCES *(List individuals familiar with your work; do not include relatives)*

Name	City & State	Daytime Phone	Professional Relationship
		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	
		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	
		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	

I certify that I have read and understand the “Applicant Note” on Page One of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application will be sufficient cause for rejection of my application or immediate discharge from employment. I authorize Waupaca Area Ambulance and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement, state and federal agencies to release any and all information regarding my background and licensure(s). I hereby release from liability Waupaca Area Ambulance and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary and that any such assurances must be in writing and signed by an authorized officer.

This application is current for 180 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to update or fill out a new application.

APPLICANT’S SIGNATURE	DATE
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Please return completed application by mail, email or in person to: *Rev. 01/11*
 Human Resources ● Waupaca Area Ambulance ● P.O. Box 498, 500 Lakeside Parkway ● Waupaca, WI 54981
 Email: jporrey@att.net