

LAKE COUNTY AMBULANCE SERVICE

EMPLOYMENT APPLICATION

EMERGENCY MEDICAL TECHNICIAN



NAME _____

POSITION APPLIED FOR _____

Please fill out all information requested and include appropriate documentation with this employment application.

FOR OFFICE USE ONLY

When was applicant called for an interview? Date _____ Time ____:____ Date _____ Time ____:____
Date _____ Time ____:____

Date that letter was sent to the applicant to schedule an interview? _____

Did applicant respond to letter? _____ YES _____ NO

Was Applicant Contacted? _____ YES _____ NO

Did Applicant decline interview? _____ YES _____ NO

Date: _____

Name _____
(First) (Middle) (Last)

Mailing and Resident Address _____

City _____ State _____ Zip Code _____ Phone Number (____) _____

E-Mail Address _____

Social Security Number _____ - _____ - _____ Are you at least 18 years of age? _____

Are you currently prevented from becoming lawfully employed in the United States because of VISA or immigration status? _____

Have you ever applied to Lake County Ambulance before? _____ When _____

How did you hear about this position? _____

State EMT number _____ State of Issue _____ National Registry Number _____

EDUCATION

	NAME and ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
Elementary School				
High School				
Community or Junior College				
Undergraduate College				
Graduate Professional				
EMT Training Program				
Other (Specify)				

REFERENCES

Please list the names of Three people not related to you, whom you have known for at least a year:

Name	Address	Business/Affiliation	Daytime Phone	Years Acquainted

EXPERIENCE

Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs. Is it OK if we check with your present employer? Yes _____ No _____

Note: We may contact any previous employer to verify your description of past duties.

Starting Date	Ending Date	Name and address of Present or last Employer	
Starting Salary	Ending Salary	Hours per week	Name and Phone number of last Supervisor

Reason for leaving _____

Description of duties and responsibilities _____

Starting Date	Ending Date	Name and address of Present or last Employer	
Starting Salary	Ending Salary	Hours per week	Name and Phone number of last Supervisor

Reason for leaving _____

Description of duties and responsibilities _____

Starting Date	Ending Date	Name and address of Present or last Employer	
Starting Salary	Ending Salary	Hours per week	Name and Phone number of last Supervisor

Reason for leaving _____

Description of duties and responsibilities _____

Additional Information

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

CERTIFICATION: I certify that all of the statements made in this statement are true, complete and correct, to the best of my knowledge and belief and are made in good faith.

Signature of Applicant _____

Date _____

Please include a copy of any applicable training certifications that you hold and are relevant for this position (EMT card, CPR Card, EVOC certification, etc).

Lake County Ambulance Service
421 20th Avenue
Two Harbors, MN 55616
218-834-7110 OFFICE
218-834-7111 ON CALL CREW
218-834-9587 FAX