

GUNDERSEN

TRI-STATE AMBULANCE

EMPLOYMENT APPLICATION

TRI-STATE AMBULANCE, INC.

235 CAUSEWAY BLVD

LA CROSSE, WI 54603

608-784-8827

sweber@tristateambulance.org

www.tristateambulance.org

Tri-State Ambulance, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

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All Paramedic and EMT applications **must** be accompanied by a copy of a current National Registry card.

No application will be considered without this documentation.

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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REFERENCES

Please list at least three professional references.

Name	Relationship	Contact Information	May We Contact?
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No

For All Applicants:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Tri-State Ambulance, Inc., I shall be subject to termination if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Tri-State Ambulance, Inc. and its agents to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Tri-State Ambulance, Inc. and will hold Tri-State Ambulance, Inc. and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Tri-State Ambulance, Inc. to obtain a criminal background check, motor vehicle driving record check, and any credit and consumer check. I understand that I may be required to submit to a pre-employment drug and/or alcohol screen.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Tri-State Ambulance, Inc. is intended to create an employment contract between myself and Tri-State Ambulance, Inc. I understand and agree that, if hired, my employment will be at will and may be terminated by me or Tri-State Ambulance, Inc. at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date