# GILLETT AREA AMBULANCE SERVICE, INC.
# APPLICATION

THE GILLETT AREA AMBULANCE SERVICE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

The Gillett Area Ambulance Service, Inc. does not discriminate against any individual on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, arrest record, conviction record, military service, or use or nonuse of lawful products off the employer's premises during nonworking hours, or any other status protected by state, federal, or local law.

## INSTRUCTIONS

Please read the attached job description before you start to complete this application. You will be asked if he have read the job description and whether you can complete the tasks required for the job.

Please complete this Application in its entirety. Any missed, incomplete, deceitful or falsified answers or documents in support of any responses will be cause for immediate suspension and / or dismissal.

Please attach additional sheets for further explanation on any of the questions or lists.

Please forward your completed Application [seven (7) pages], additional information sheets, and any requested documentation to the Gillett Area Ambulance Service, Inc. If you have any questions, please contact the Service Director.

**Gillett Area Ambulance Service, Inc.**

**Proudly Serving the Townships of:**
Breed, Gillett, Green Valley, How, Maple Valley, Spruce and Underhill
and the City of Gillett and Village of Suring.

APPLICATION

Name_____D.O.B:_____
Address_____
Email _____
Phone_____

How did you learn of Gillett Area Ambulance Service, Inc.?
_____
_____

What reasons do you have for applying to Gillett Area Ambulance Service, Inc.?
_____
_____

Position you are applying for: Paramedic_____EMT-Advanced_____
EMT-Basic_____ EMR_____ Trainee_____ Other_____

Do you have an EMS/Medical license? _____ If so, Type? _____
Please list your current Wisconsin License Number _____

If you hold a valid Wisconsin License for any of the above, do you have any complaints or incumbrances against it? If yes, please explain
_____
_____

Do you maintain your NREMT Certification? _____

If required by the job description, do you hold a valid Wisconsin Drivers License? _____
If required by the job description, I give permission to Gillett Area Ambulance Service, Inc. to check my driving record: Yes: ____ No: _____
Signed_____Date_____

Are you currently CPR Certified____,if yes, when does it expire? _____

Please list your previous education.
High School_____, year graduated?_____
Name of School : _____

College or Technical School_____, year graduated?_____
Did you earn a degree? _____, if yes, what? _____
[If more than one College or Technical School please attach the additional information.]

Previous Experiences. (use additional pages if needed for any question)

Have you been employed by/worked for an EMS Provider, Ambulance Service or Rescue Squad? _____, if yes, please list the names and addresses of the service or squad, including start/ending dates, and the name of your supervisors.

1._____
_____
_____
_____
2._____
_____
_____
_____
3._____
_____
_____
_____

Are you currently employed with one or more squad/service? _____, if yes, which? _____

May we contact those previous departments? _____

Why did you leave those squads/departments? Or why will you be leaving the current EMS Provider, Ambulance Service or Rescue Squad?

_____
_____

Have you ever been reprimanded or disciplined while with any EMS Provider, Ambulance Service or Rescue Squad, in the last 10 years, which resulted in any discipline, suspension, probation, mandatory leave or termination? ____,
if yes, please explain:

_____
_____
_____

Have you ever violated HIPAA regulations? _____

Are you currently employed outside of EMS? _____, if yes, please list the names and addresses of your previous employer, including start/ending dates, and the name of your supervisors

1._____
_____
_____
_____
2._____
_____
_____
_____
3._____
_____
_____
_____

May we contact previous non-EMS employers? _____

Do you hold any other Public Safety affiliations or credentials? _____
Have you had any incident command, or fireground, NIMS, or FEMA training?
If yes, please explain when, where, what school, and what type. Use additional sheets to provide your responses.

_____
_____
_____

Have you read the attached job description? _____ yes_____no.
If your answer is yes, can you complete the tasks required for the job?
_____ yes _____ no.

Note: The Gillett Area Ambulance Service, Inc. utilizes an outside medical group for evaluation of candidates based on required job duties and other listed requirements. This is at our expense.

We believe that working well with others is imperative in EMS. What interpersonal traits do you possess that would be an asset to our department?_____
_____
_____
_____

How well do you interact/associate with others?_____ Explain.

_____

_____

Do you work well in a team setting?_____Explain.

_____

_____

What specific job skills do you possess that would be an asset to our department?

_____

_____

_____

Are you able to be on call at the squad building in Gillett if you live out of the immediate Gillett area?

_____

Have you ever been convicted of a misdemeanor or felony crime? _____ Have you been arrested for a misdemeanor or felony which is pending in court at this time? _____ If yes to either question, please list, or, in the alternative, request to meet in person with the Service Director or the Board to discuss in confidence.

_____

_____

_____

_____

_____

Is there anything in your background that could prevent you from being allowed to be in contact with patients? _____, if yes, please explain.

_____

_____

_____

I give permission to Gillett Area Ambulance Service, Inc. to do a back ground check_____yes____no

Signed_____date_____

Please list three references (with contact information and how you know them) who are not related to you and who are not previous employers.

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

## CERTIFICATION

I hereby certify that my answers and statements on this Application and any attachments to it are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this Application can cause my immediate suspension and / or termination.

I understand that whether I am a volunteer, paid-on-call, or an employee, regardless of status, I am an 'at-will' volunteer or employee and that I, and Gillett Area Ambulance Service, Inc., are each free to terminate our relationship at any time, with or without cause.

## CERTIFICATION
## [Continued]

I understand and consent to any medical examinations, drug and alcohol testing, or other testing procedures required by Gillett Area Ambulance Service, Inc. I understand that such tests will be required only after employment or volunteer status is offered to me, and at that time I may refuse to undergo any medical examinations, drug and alcohol testing, or other testing procedures and in that event will not be eligible for employment or affiliation in Gillett Area Ambulance Service, Inc.

I understand and consent to any personality, psychological, ability, or other testing procedures required by Gillett Area Ambulance Service, Inc. I understand that such tests will be required only after employment or volunteer status is offered to me, and at that time I may refuse to undergo any personality, psychological, ability, or other testing procedures and in that event will not be eligible for employment or affiliation in Gillett Area Ambulance Service, Inc.

Signed: _____ Date: _____

Clearly printed name: _____

**Gillett Area Ambulance Service, Inc.**
225 Park St
P.O. Box 627
Gillett, WI 54124

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