



Application for Employment

Thank you for your interest in Cross Plains Area EMS. The information presented on this form will determine the acceptance of your application and may also be used as a basis for employment within this organization. For this reason, it is important that you answer all questions completely and accurately.

If you are a person with a disability and need accommodations at any time during the application, hiring, or employment process, you are responsible for informing us of your needs.

Position you are applying for:				
Last Name:	First Name:	MI:	Date of Birth:	SSN:
Street Address:				
City:	State:	Zip Code:		
Home Phone:		Work Phone:		
Email Address:				
It is the policy of Cross Plains Area EMS to check the driving record of all applicants. Please list your Wisconsin Driver's License Number:				

Record of Law Enforcement Contacts – Responses will not exclude you from consideration for a position

Have you ever been arrested or convicted of any violations of Municipal or City Ordinances, County Ordinances, State, or Federal Law? Yes No

If yes, please list circumstances of arrest or law violated below. (Include traffic violations – attach separate sheets for additional information).

Date	Municipality/County/State	Law Violated	Disposition (Convicted, Bail, Forfeited, Fine, etc.)

Education and Training

<u>High School</u> – Circle Highest Year Completed 9 10 11 12 Year Graduated:	<u>Training Beyond Highschool</u> – Circle highest year completed post-high school: 1 2 3 4 5 6 7 8 9	
List any current certifications or licensures that pertain to EMS, for example: First Aid, CPR, EMT, EVOC/CEVO, other medical professional.		
Type	License Number, if available	Expiration Date, if applicable

Work Experience

Give a complete record of your last three (3) jobs, beginning with your present or most recent employer.

Company Name:	Position Held:	Supervisor's Name:	Supervisor Phone #:
Company Address:		Dates Employed (Month & Year):	
Reason for Leaving:			
Company Name:	Position Held:	Supervisor's Name:	Supervisor Phone #:
Company Address:		Dates Employed (Month & Year):	
Reason for Leaving:			
Company Name:	Position Held:	Supervisor's Name:	Supervisor Phone #:
Company Address:		Dates Employed (Month & Year):	
Reason for Leaving:			

May we obtain references from your current and previous employers? Yes No

If "no", please name and explain the exceptions:

Personal References

Please list two (2) personal references. Do not list relatives or the supervisors named in work experience.

Name:	Address:
Occupation:	Phone:
Name:	Address:
Occupation:	Phone:

To aid in our verification of work and personal references, please list any other name(s) by which you have been known: _____

ALL APPLICANTS MUST MAKE THIS CERTIFICATION:

I certify that all answers to the questions in this application are true and I agree that any misstatements of material fact will cause forfeiture on my part of all rights to any employment with Cross Plains Area EMS.

Signature:	Date:
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Please navigate to:

crossplainsems.com/join

Fill out the form; upload this application, your resume, and letter of interest.

Applicants may alternatively submit information electronically to chief@crossplainsems.com or mail to:

Tabitha Smith, Chief

Cross Plains Area EMS

P.O. Box 152

Cross Plains, WI 53528