



MEDA♥CARE AMBULANCE
 2515 West Vliet Street
 Milwaukee, WI 53205
 414-342-1148
 Fax - 414-342-0888

APPLICATION FOR EMPLOYMENT

MEDA♥CARE AMBULANCE Service, Corp. Is An Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____ Application Date: _____
 (Last) (First) (Middle)

Address1: _____
 (Street)

Address2: _____
 (Apt / Suite / Other) (City) (State) (Zip)

Social Security # _____ D.O.B. _____ Home # (____) _____

Cell # (____) _____ Pager # (____) _____ Email Address: _____

Best way and time to contact you? _____

BACKGROUND INFORMATION

Drivers License # : _____ Expiration : _____ State: _____

Please list any traffic violations and/or accidents within the last 5 years (you may use approx. dates)

(Date) _____ (Event) _____

(Date) _____ (Event) _____

(Date) _____ (Event) _____

E.M.T. License #: _____ Expiration : _____ State: _____

National Registry #: _____ Expiration : _____

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? YES NO
If yes, please provide date(s) and details:

(Date) _____ (Event) _____

(Date) _____ (Event) _____

(Date) _____ (Event) _____

(Answering "yes" to the questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehab and position applied for will be taken into account)

POSITION YOU ARE APPLING FOR

Position applying for: _____ Salary expectations: _____

Date you can start: _____ Referred by: _____

Hours able to work: Full Time Part Time # of hours per week: _____

Have you every applied and/or worked here before? _____

Are you legally eligible for employment in the country? YES NO

EDUCATION RECORD

High School (Name, City, State): _____

Date Graduated: _____

E.M.T. or Tech. School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Other School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Other School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Other School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

WORK HISTORY

(Give information about your last 3 jobs, starting with the most recent)

Current or Most Recent Employer

Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : (____) _____ Ending Salary: _____

Title: _____ Supervisors Name: _____

Duties: _____

Reason for leaving: _____ May we contact for reference? YES NO

2

Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : (____) _____ Ending Salary: _____

Title: _____ Supervisors Name: _____

Duties: _____

Reason for leaving: _____

3

Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : (____) _____ Ending Salary: _____

Title: _____ Supervisors Name: _____

Duties: _____

Reason for leaving: _____

REFERENCES

1

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Work # : (____) _____ Home # : (____) _____ Other: (____) _____

2

Name: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Work # : (____) _____ Home # : (____) _____ Other: (____) _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Work # : (____) _____ Home # : (____) _____ Other: (____) _____

PERSONAL STATEMENT

(Tell us about yourself and any special skills and/or training you have that you feel would be beneficial)

APPLICATION STATEMENT AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with **Meda♥Care Ambulance** is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from **Meda♥Care Ambulance**, whenever it is discovered.

I expressly authorize, without reservation, **Meda♥Care Ambulance**, its representatives, employees or agent to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **Meda♥Care Ambulance**, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I also understand that if I am hired, I will successfully complete the Occupational Health Services Placement Screening consisting of a physical examination and a physical ability test, including urine drug screen. These services will be provided by occupational therapy and nursing staff at Work Injury Care Center.

I also understand that if I am hired. I will obtain, and maintain a current license through the State of Wisconsin to the level in which he/she is expected to perform

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.

Signature: _____ Date: _____

(Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department)