



New Glarus Area EMS

401 3rd St. - New Glarus, WI - 53574

(608)527-5067

Please type or print answers to all questions. Incomplete applications will **NOT** be accepted.

PERSONAL INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP

EMAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ DO YOU HAVE A VALID WISCONSIN DRIVER'S LICENSE? YES _____ NO _____

HAVE YOU EVER PLEADED GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF, A MISDEMEANOR **OR** A FELONY TO INCLUDE TRAFFIC VIOLATIONS? YES _____ NO _____ IF YES, PLEASE LIST BELOW (ATTACH AN ADDITIONAL SHEET IF NECESSARY)

DATE	OFFENSE(S)	ARRESTING AGENCY

HEALTH INFORMATION

DO YOU WEAR CONTACTS/GLASSES? YES _____ NO _____

DO YOU HAVE ANY ALLERGIES? YES _____ NO _____ IF YES, PLEASE LIST: _____

DO YOU CURRENTLY HAVE ANY PHYSICAL LIMITATIONS? YES _____ NO _____

IF YES, PLEASE LIST: _____

EDUCATION

Please provide information regarding education received starting with most recent school attended. Please provide an additional sheet if necessary.

SCHOOL NAME	ADDRESS	MAJOR	YEARS ATTENDED	DIPLOMA/DEGREE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

LICENSES/CERTIFICATIONS/TRAINING

Please include any licenses, certifications, training, etc. relevant to the position for which you are applying.

NAME	WHERE ISSUED	EXPIRATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

EMPLOYMENT INFORMATION

Please provide complete information regarding employment history starting with the most recent/current employer. Include self-employment, military history, and volunteer experience. Explain any gaps in work history and include additional sheets if necessary.

EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

STREET

CITY

STATE ZIP

PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE/POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT FOR REFERENCE? Y N

EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

STREET

CITY

STATE ZIP

PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE/POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT FOR REFERENCE? Y N

EMPLOYER: _____ DATES EMPLOYED: _____ TO _____

ADDRESS: _____

STREET

CITY

STATE ZIP

PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE/POSITION: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____ MAY WE CONTACT FOR REFERENCE? Y N

REFERENCES

Please provide information for three persons, not related to you, whom you have known at least one year.

NAME: _____ YEARS KNOWN: _____

RELATIONSHIP TO YOU: _____ PHONE NUMBER: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

NAME: _____ YEARS KNOWN: _____

RELATIONSHIP TO YOU: _____ PHONE NUMBER: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

NAME: _____ YEARS KNOWN: _____

RELATIONSHIP TO YOU: _____ PHONE NUMBER: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

RELEASE OF INFORMATION

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I WILLFULLY WITHHOLD INFORMATION OR MAKE FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION IT MAY RESULT IN REJECTION OF MY APPLICATION OR, IF I BECOME A MEMBER OF NEW GLARUS AREA EMS, MY IMMEDIATE DISMISSAL FROM THE SERVICE.

I HEREBY GIVE PERMISSION TO THE EMPLOYER TO SEEK, TO VERIFY, AND SUPPLEMENT INFORMATION SET FORTH IN THE APPLICATION. I RELEASE FROM LIABILITY OR LEGAL CLAIMS EVERY PERSON SEEKING OR PROVIDING INFORMATION, WHETHER ORAL OR WRITTEN, IN REGARDS TO THIS APPLICATION. A PHOTOCOPY OF THIS RELEASE SHALL BE VALID AS THE ORIGINAL AND MAY BE RELIED UPON BY ALL PEOPLE PROVIDING INFORMATION.

I UNDERSTAND THIS APPLICATION WILL BE CONSIDERED INACTIVE AFTER THIRTY DAYS FOLLOWING RECEIPT.

I CERTIFY I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND THIS AUTHORIZATION, RELEASE, AND CERTIFICATION.

APPLICANT SIGNATURE: _____ DATE: _____

Please return completed applications to:

New Glarus Area EMS

401 3rd Ave.

New Glarus, WI 53574

Any questions regarding information contained in application, please call:

(608) 527-5067

