

Silver Lake Rescue Squad Inc.
P.O. Box 776
Silver Lake, Wi. 53170

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARE YOU AT LEAST 18 YRS OF AGE _____ YES _____ NO

HOME PHONE _____ ALT. PHONE _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

POSITION APPLIED FOR: **Emergency Medical Technician**

EDUCATION:

HIGH SCHOOL _____

CITY _____ STATE _____

DID YOU GRADUATE? YES _____ NO _____

COLLEGE _____

CITY _____ STATE _____

SUBJECT STUDIED _____

DID YOU GRADUATE? YES _____ NO _____

SPECIAL TRAINING: _____

EMPLOYMENT:

CURRENT EMPLOYER _____

ADDRESS _____

POSITION _____

FROM _____ TO _____

LAST EMPLOYER _____

ADDRESS _____

POSITION _____

FROM _____ TO _____

LICENSE INFORMATION:

EMERGENCY MEDICAL TECHNICIAN

WISCONSIN STATE LICENSE NUMBER _____

NATIONAL REGISTRY NUMBER _____

REFERENCES: (personal or employment)

NAME _____

ADDRESS _____

PHONE _____ YEARS KNOWN _____

NAME _____

ADDRESS _____

PHONE _____ YEARS KNOWN _____

NAME _____

ADDRESS _____

PHONE _____ YEARS KNOWN _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYEED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED GROUNDS FOR DISMISSAL.

I AUTHIRIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND THAT I WILL BE REQUIRED TO PASS A PHYSICAL EXAMINATION, INCLUDING A DRUG TEST BEFORE A FINAL OFFER OF EMPLOYMENT IS MADE. BY SIGNING MY NAME BELOW I CONSENT TO THESE PROCEDURES.

I UNDERSTAND THAT I AM RESPONSIBLE FOR REIMBURSING SILVER LAKE RESCUE SQUAD FOR ANY CLASSES NOT PASSED OR COMPLETED.

SIGNATURE: _____ DATE: _____

PLEASE RETURN APPLICIONS IN PERSON TO:

SILVER LAKE RESCUE BUILDING

OR

MAIL TO:

P.O. BOX 776

SILVER LAKE, WI. 53170