



Thief River Falls Area Ambulance
dba F-M Ambulance Service
APPLICATION FOR EMPLOYMENT

<i>PERSONAL INFORMATION</i>														
Last Name		First Name		MI	Social Security Number									
Present Address / Box		City			State	ZIP Code								
Permanent Address / Box		City			State	ZIP Code								
Telephone Number		Message Telephone Number			Cell Phone Number									
Email Address														
Are you 21 years of age or older?				Yes	No									
If hired, can you provide written evident that you are authorized to work in the United States				Yes	No									
<i>GENERAL INFORMATION</i>														
Position applying for (Be Specific):			Date you can start:		Salary or wage expected:									
Circle to position you are willing to accept:				Full Time	Part Time									
Please fill in the times you are available for work each day.														
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday							
From														
To														
Do you have any objection to working overtime if necessary?				Yes	No									
Can you travel if required by this position?				Yes	No									
<i>EDUCATION / TRAINING (Other than EMS Related)</i>														
Circle highest grade completed:		7	8	9	10	11	12	GED	13	14	15	16	17	18
Name of School	Course of Study			Degree, Certificate, Occupational License										
Subjects of special study or research work:														
Special skills / abilities / equipment / software operated:														
List any other qualifications which should be considered:														

You may attach a resume as a supplement. All applicants must submit an application on our form.
 F-M Ambulance Service / Ready Wheels is an equal opportunity employer / program provider.

(OVER)

Are you presently employed? Yes No		If yes may we contact your present employer? Yes No	
PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB (List all Positions)			
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Company:		City:	
Title:		Hours Worked Per Week:	
Date Started:	Month	Year	Wage: \$ Per
Dated Ended:	Month	Year	Reason for Leaving:
List specific tasks completed on the job:		Machines / Equipment You Have Operated:	
Supervisor:		Supervisor Phone #:	
Please attach additional sheets if you have greater than six (6) previous places of employment.			

Please summarize any other work history you may have.

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Telephone Number

How were referred to our company?

Do you have any relatives who are employed by our company? If so, please specify.

Have you ever been previously employed by our company? Yes No

Application Acknowledgement and Release

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employee is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and / or discharged from employment in accordance with the company's policy.

I hereby understand and authorize Thief River Falls Area Ambulance to thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I also acknowledge and release Thief River Falls Area Ambulance and any of its agents, employees, or any other persons acting on behalf of Thief River Falls Area Ambulance from any and all liability related to any investigation of the information contained in this application, on related papers, and in interviews.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within seven days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date



**Thief River Falls Area Ambulance
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APPLICATION FOR Ambulance Positions**

Licensure	National Registry Number	Expiration Date
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Licensure	* Minnesota Emergency Medical Services Regulatory Board Number	Expiration Date
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Have you ever had an EMT / EMT-I / EMT-P Certification / Licensure denied or revoked?

Yes

No

If so, state when and the circumstances: _____

* Applicants will not be considered until the applicant produces the original license and permits us to attach copies to the application. For out of State (Not MN or ND), special arrangements must be made on a case by case basis.



F-M Ambulance Service / ReadyWheels
Ambulance Training

Training	Where	Date Completed	Successfully Completed
First Responder			
EMT			
EMT-Intermediate			
EMT-Paramedic			

Training	Where	Expiration Date	Provider / Instructor
ACLS			
PHTLS or BTLS			
PALS			
CPR			
EVOC			

Criminal History

Do you have any felony convictions or have you pled guilty or nolo contendere to any felony; any gross misdemeanor related to assault, sexual misconduct, or the illegal use of drugs or alcohol; or any misdemeanor related to sexual misconduct or the illegal use of drugs or alcohol, theft or any conviction involving bodily injury?

Yes

No

Conviction	Jurisdiction	Date

Certain convictions will prevent you from being employed with Thief River Falls Area Ambulance.

I understand that some convictions will prevent me from being employed with Thief River Falls Area Ambulance and I may be terminated at any time if such convictions appear on my record.

Signature

Date



**Thief River Falls Area Ambulance
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Driving Requirements & Information**

I understand that I must be 21 years of age and have had a United States driver's license for at least 2 years before being considered for employment. I understand that a current driver's license and a driving record that is acceptable to Thief River Falls Area Ambulance and their insurance carrier are required for employment. I also understand that the aforementioned items are requirements of continued employment and that I can be terminated at any time during my employment for not meeting these requirements.

Do you have a valid driver's license? Yes No

State: _____ License Number: _____

Please list any moving violations (other than speeding) you have:

Offense	Jurisdiction	Date

Please list any speeding violations you have:

Date	Jurisdiction	Posted Limit	Actual Speed

Has your license ever been suspended or revoked? Yes No

If yes, please explain the reason: _____

Driving Work History

Current or Previous Employer _____

How long were you employed with them as a driver? _____

Please list any motor vehicle collisions in which you operated the vehicle (regardless of fault).

Date	Jurisdiction	Injuries? Yes / No	Amount of Bodily Damages Paid	Amount of Personal Damages Paid	Type of Accident	Were You Charged with Violation? Yes / No	Found at Fault? Yes / No

Do you have liability insurance on your personal automobile? _____ Yes _____ No

Name of Insurance Company _____ Limits _____

The information on this application is accurate and complete. I understand that any omission or inaccurate information may lead to my disqualification from consideration or my termination from employment.

Signature of Applicant: _____ Date: _____