



Lennox Area Ambulance Service

"Dedication and Sacrifice So That Others May Live"



APPLICATION FOR EMPLOYMENT

I am applying for (check all that apply): Full-Time Part-Time Volunteer (unpaid)

Date: _____ Position Applying For: _____

Name (First, Middle, Last): _____ Social Security Number: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Email Address(es): _____

Are you under the age of eighteen (18)? Yes No

Are you legally eligible for employment in the United States)? Yes No

Do you have or can you get a State of South Dakota Driver's License? Yes No

Have you ever been cited for a traffic accident or violation? Yes No

If yes, please explain, (your MVR will be checked): _____

Driver's License Number: _____ Expiration Date: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

When: ____/____/____ Disposition: _____ State: _____

Have you ever had your ALS License revoked? N/A Yes No

If yes, please explain: _____

When: ____/____/____ Disposition: _____ State: _____

EMS Education and Training

Current Level of Training: EMT/EMT-B EMT-I/85 AEMT EMT-P/Paramedic RN

SD State EMT# _____ Expiration Date: _____ RN# _____

NREMT# _____ Expiration Date: _____

If ALS, State License# _____ Expiration Date: _____

CPR/BLS Expiration Date: _____ PHTLS Expiration Date: _____

PEPP Expiration Date: _____ PALS Expiration Date: _____

AMLS Expiration Date: _____ ACLS Expiration Date: _____

Other Certifications: _____

Location of Initial EMS Training and Date of Certification

EVOC: _____ Date Certified: ____/____/____

EMT/EMT-Basic Training: _____ Date Certified: ____/____/____

EMT-I/85 Training: _____ Date Certified: ____/____/____

AEMT: _____ Date Certified: ____/____/____

EMT-P/Paramedic: _____ Date Certified: ____/____/____

Education

Please list the name/location of school and degrees completed. Please indicate diploma, GED, BS/BA, MS/MA.

Name/Location _____ Graduated or Credit Hours _____ Major(s) _____

High School: _____

Vocational School: _____

College/University: _____

Additional Education /Training; Certifications/Licenses (job-related skills; awards; accomplishments; internships; apprenticeships; military, etc.): _____

Employment History

(Please start with your most recent employment.)

Dates of Employment: From (mo/yr)____/____ To (mo/yr)____/____ Total Years____ Months____
Job Title:_____ Starting Salary_____ Last Salary_____
Employer:_____ Type of Business:_____
Employer's Address:_____ Phone:_____
Supervisor's Names/Title:_____
Number of Employees you Supervised?_____ Average Hours Worked Per Week:_____
Reasons for Leaving:_____
Description of Duties:_____

Dates of Employment: From (mo/yr)____/____ To (mo/yr)____/____ Total Years____ Months____
Job Title:_____ Starting Salary_____ Last Salary_____
Employer:_____ Type of Business:_____
Employer's Address:_____ Phone:_____
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Employer's Address:_____ Phone:_____
Supervisor's Names/Title:_____
Number of Employees you Supervised?_____ Average Hours Worked Per Week:_____
Reasons for Leaving:_____
Description of Duties:_____

References

Name: _____ Relationship: _____
Address: _____ Phone (day): _____
Email: _____ Phone (evening): _____

Name: _____ Relationship: _____
Address: _____ Phone (day): _____
Email: _____ Phone (evening): _____

Name: _____ Relationship: _____
Address: _____ Phone (day): _____
Email: _____ Phone (evening): _____

If applying for volunteer (unpaid) position, please give a brief explanation why you wish to serve on the Lennox Area Ambulance Service. _____

Pre-Employment Agreement

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The City and/or the Lennox Area Ambulance Service Board of Directors have authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and the Lennox Area Ambulance Service and I understand that no representative of the City and/or the Lennox Area Ambulance Service Board of Directors has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital, or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the City and/or Lennox Area Ambulance Service Board of Directors to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of six (6) months has elapsed as a new employee or a six (6) month probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature of Applicant

Date

Applicant Printed Name