



City of Dodge Center
Ambulance Service Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name			
<hr/>					
Address	PO Box	Street	City	State	Zip Code
<hr/>			<hr/>		
Telephone Number(s)		Social Security Number (Voluntary)			
<hr/>			<hr/>		
Drivers License Number (Required)					

Best time to contact you: _____ am _____ pm

Have you ever filed an application with us before? Yes Provide date _____ No

Have you ever been employed with us before? Yes Provide date _____ No

Do any of your friends or relatives work here? Yes No Name _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____/____/____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

National Registry Number:	Expiration Date: _____
State of Minnesota Number:	Expiration Date: _____
BTLS:	Expiration Date: _____
CPR:	Expiration Date: _____
ACLS:	Expiration Date: _____
PALS:	Expiration Date: _____
Other:	Expiration Date: _____

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Reason for Leaving		
2. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Reason for Leaving		
3. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience, and state any additional information you feel may be helpful in considering your application.

PREVIOUS EMS EXPERIENCE/SPECIALIZED SKILLS (CHECK ALL THAT APPLY)

RN LPN Paramedic EMT EMT-I EMT-A EVOC MD EKG Medications
 PA First Responder Firefighter Law Enforcement IV
 Licenses/Certifications/Awards _____

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

REFERENCES

1. _____
(Name) (Phone #)

(Address)
2. _____
(Name) (Phone #)

(Address)
3. _____
(Name) (Phone #)

(Address)

Have you been convicted of a driving violation within three (3) years? _____ If yes, identify when and for what reason

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Background Check Consent Form

City of Dodge Center
PO Box 430
35 East Main Street
Dodge Center, MN 55927
(507) 374-2575

Date: _____

The following named individual has made application with the City of Dodge Center.

Last name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle (Full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of Dodge Center for the purpose of employment with this agency as pursuant to Minnesota Statute §299C.72.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant