

**JUNEAU EMS**  
JUNEAU EMERGENCY MEDICAL SERVICE  
128 E CROSS ST, P. O. BOX 85  
JUNEAU WI 53039  
(920) 386-4813



APPLICATION FOR AMBULANCE ATTENDANT  
**Position applying for: \_\_\_\_\_ Driver \_\_\_\_\_ EMT**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMT LICENSE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

If you are employed in Juneau, will your employer allow you to leave work to respond to rescue calls: \_\_\_\_ Yes \_\_\_\_\_ No

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

If yes, please supply your license number: \_\_\_\_\_

Have you been convicted of any traffic violations in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list below:

\_\_\_\_\_

\*A background check will be run on all individuals

Are you willing to obtain the necessary training for this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware of the scheduling requirements and obligations that are a necessary part of this position per the Juneau EMS by-laws?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe why you wish to join the Juneau EMS:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF JUNEAU**  
**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**MAIL OR DROP OFF APPLICATIONS TO:**

Juneau EMS  
 128 E. Cross St  
 P O Box 85  
 Juneau, WI 53039-0085  
  
 920-386-4813 – Phone

**INSTRUCTIONS:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference, which may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications **MAY NOT BE CONSIDERED.**
- If resume is submitted, **DO NOT** write “see resume.”
- **DATE** and **SIGN** this application.
- Please list a minimum of prior ten years’ experience and education.
- Please complete this application in blue or black ink.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

<b>TITLE OF POSITION YOU ARE APPLYING FOR:</b>  _____	<b>DEPARTMENT:</b>  _____ <b>Juneau EMS</b> _____
<b>WHERE DID YOU HEAR OF JOB OPENING?</b>	
<b>Internet</b> _____ <b>Radio</b> _____ <b>Newspaper</b> _____ <b>Other:</b> _____	

<b>Name:</b>	(Last)	(First)	(M.I.)	<b>Home Phone:</b>
				(____) ____ - ____
<b>Current Address:</b>	(Street)			<b>Business Phone:</b>
				(____) ____ - ____
(City)	(State)			<b>Can we contact you at this number?</b>
				<input type="checkbox"/> Yes (list hours _____)
				<input type="checkbox"/> No
<b>Permanent Address:</b>	(Street)			<b>Social Security Number:</b>
(if different that current address)				_____ - _____ - _____
(City)	(State)			

<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	When will you be available for employment?
<b>Are you at least 18 years of age?</b> <input type="checkbox"/> yes <input type="checkbox"/> no  Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.	Email Address:

**Have you ever been employed by the City of Juneau?**     yes     no

If yes: when, in what position, and in what department? \_\_\_\_\_

List any relatives employed by the City of Juneau or serving as elected or appointed officials: \_\_\_\_\_

\_\_\_\_\_

The City of Juneau shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.

**Do you possess a valid driver's license?**     yes     no

**Do you possess a valid commercial driver's license?**     yes     no    Type/class: \_\_\_\_\_

**Do you possess any other license?**     yes     no    Type: \_\_\_\_\_

<b>List any memberships in professional or technical associations:</b>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<b>List any current license or registration as a member of a trade or profession:</b>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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Since your 18<sup>th</sup> birthday, have you EVER been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a pending charge?     yes     no    Please list all felonies and any misdemeanors that have occurred in the last 10 years. Please list out each below, including approximate dates.

Date	Location	Charge	Disposition of case

NOTE: In accordance with state law, pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job.

**Did you graduate from high school?**     yes     no

Name of school: \_\_\_\_\_

Location of school: \_\_\_\_\_ If no, have you passed a high school equivalency or GED test?     yes     no

Location and date of test: \_\_\_\_\_

**Special skills & qualifications – this information must be provided if you are applying for a position requiring these skills:**

Experience transcribing mechanically recorded material?     yes     no    Typing speed (if known) \_\_\_\_\_ WPM

Experience using a 10-key adding machine?     yes     no    \_\_\_\_\_ KPM

List any additional office equipment or computer software, which you can operate skillfully: \_\_\_\_\_

\_\_\_\_\_

List any machinery, which you can operate skillfully: \_\_\_\_\_

\_\_\_\_\_

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

School name, location and phone number	Dates attended (month/year)		Major field	Type of degree received	Credits earned	GPA
	From	To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police or fire academy, in-service training. Please provide dates.

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.

Are you currently employed?  no     yes, since \_\_\_\_\_

List any time periods of past unemployment status: \_\_\_\_\_

**EMPLOYMENT SECTION: (Please start with your most recent position – include military service**

From (month & year)	Title of your PRESENT/MOST RECENT position		<b>PRIMARY DUTIES:</b>          
To (month & year)	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> no, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	

From (month & year)	Title of position		<b>PRIMARY DUTIES:</b>          
To (month & year)	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position		PRIMARY DUTIES:          
To (month & year)	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:		

OTHER EXPERIENCE (Include volunteer experience, internships, and/or jobs, not included in the employment section)				
Company Name/Location	Job Title	Dates Employed (month/year)	Annual Salary	Full or part-time

**Have you ever been warned/disciplined for any of the following occurrences in any of your previous or current employment?**

- |   |  |  |
|---|--|--|
| Attendance                                      | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Performance problems                            | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Inability to get along with others              | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Safety violations                               | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Harassment                                      | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Violent behavior                                | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Inappropriate use or possession of alcohol      | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Inappropriate use or possession of a drug       | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain: _____  |
| Have you ever been suspended from any position? | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, please explain (include date, location, employer and situation): |

Please explain any gaps in employment: \_\_\_\_\_

REFERENCES Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.		
NAME/TELEPHONE/ADDRESS	OCCUPATION	RELATIONSHIP
1.		
2.		
3.		
4.		

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have questions regarding any of these statements, ask for help prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

\_\_\_\_\_

I authorize any person contacted to provide the City of Juneau any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Juneau to request employment records from my present and/or former employer(s). I release and hold harmless the City of Juneau, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_

I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment drug tests to gain employment or continue employment with the City of Juneau. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Juneau, and consent to the release of the test results to the City of Juneau. I hereby release and hold harmless the City of Juneau, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability, whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_

I authorize the City of Juneau, its officers, agents and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Juneau, their officers, agents and employees and the person(s) providing the information from any liability related to the performance or results of this check. I recognize that this information will be considered by the City of Juneau only if substantially related to the position applied for.

Initial:

\_\_\_\_\_

If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Juneau reserves that right to terminate my employment at any time. I understand that no representative of the City of Juneau has the authority to make any assurances to the contrary.

Initial:

\_\_\_\_\_

I agree to use such personal protective equipment and devices as may be required by the City of Juneau and to comply with safety rules and requirements. In addition, I understand that the City of Juneau maintains a workplace free from drugs, harassment and violence.

Initial:

\_\_\_\_\_

I understand that nothing contained in this application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification, or if hired, dismissal.

Notice – Wisconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the “Final Candidates” must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to begin date, a “Final Candidate” can do so by making a separate request in writing.

The City of Juneau is committed to the equality of opportunity for all people. It is the policy of the City of Juneau to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer’s premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

**Drug Testing Consent Form:**

As a condition of employment with the City of Juneau/Juneau Utility Commission, every employee (exempt those in positions specifically exempted by the Common Council) shall be subject to a pre-employment drug test. By signing below you consent to a drug screen test and understand that a positive result will disqualify you for employment with the City /Utility.

\_\_\_\_\_

Potential Employee

\_\_\_\_\_

Date

**GENERAL RELEASE**

I, \_\_\_\_\_ --authorize the City of Juneau/Juneau Utility Commission to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of any reference-related information about me held or known by my former employers, supervisor, and co-workers. In addition, I consent to the release of any information about my education, experience abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that the city of Juneau/Juneau Utility Commission might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with the City of Juneau/Juneau Utility Commission.

Specifically, I am authorizing the release of any information about my performance experience, capability, attitude, or other work-related characteristics that currently are in the possession of the following organizations or their managers or representatives.

In exchange for the City of Juneau's/Utility Commission's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to the City of Juneau/Juneau Utility Commission or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal action against the City of Juneau/Juneau Utility Commission or any of its employees, representatives, or against arising out of their efforts to obtain work-related information about me.

\_\_\_\_\_

Signed

\_\_\_\_\_

Date



**REFERENCE INFORMATION RELEASE**

I, \_\_\_\_\_ request and authorize the release of information from my record(s) in response to any requests for the same from the City of Juneau/Juneau Utility Commission, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance,

In exchange for the City Of Juneau/Juneau Utility Commission's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to the City of Juneau/Juneau Utility Commission or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints claims, or legal actions against the City of Juneau/Juneau Utility Commission or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

\_\_\_\_\_

Signed

\_\_\_\_\_

Date