

Oglesby Ambulance Service

Application

Date: _____ Fulltime ___ or Part time ___ Paramedic / Part time EMT _____

EMT Basic _____ (Valid Driver's License, Current IDPH License, Currant CPR Card)
 Paramedic _____ (Valid Driver's License, Current IDPH License, Currant CPR Card,
 Currant ACLS Certificate, Currant Pals or Peep Certificate.

Last Name _____ First Name _____ Middle Initial _____
 Address _____
 Home Telephone _____ Cell Telephone _____
 Birth Date _____ Drivers License # _____
 E-Mail Address _____

References – Please give the names and telephone numbers of three people not related to you whom you have known for at least one year.

Name	Telephone	Years Known	Relationship

Employment History –

Employer	Years Worked	Duties	Reason for leaving

In case of emergency- please contact
 Name _____ Telephone # _____

Are you prevented from lawfully being employed in the United States Yes ___ No ___
 Have you been convicted of a felony or misdemeanor within the last 5 years Yes ___ No ___
 You will not be denied employment solely because of a conviction record; unless the offense is related to the job for which you have applied.
 Do you have any physical limitations that would prevent you from performing any work for which you are being considered? Yes ___ No ___
 If yes, explain _____

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any false statements on this application are grounds for dismissal.
 *I give permission for Oglesby Ambulance Service to run a check with local police on any possible driver and criminal record.
 *I authorize Oglesby Ambulance Service to check with the employers and references listed. I authorize them to give you any pertinent information they may have, personal and otherwise, and release all parties from all liability from any damage that may result from furnishing same to you.
 I have read and agree to above statements.

Signature _____ Date _____