

STEVEN COUNTY AMBULANCE SERVICE

Application For Employment



RWF Enterprises, Inc.
209 South Highway 9
Morris, MN 56267-0231
320-589-7421
Morris, MN

PLEASE PRINT:

DATE: _____

NAME: _____
Last First Middle Initial

SOC. SEC. NO. _____ - _____ - _____

PRESENT ADDRESS: _____ () _____
No. Street City State Zip Telephone Number

POSITION APPLIED FOR: 1st choice _____ 2nd choice _____

Are you authorized to work in the U.S.? Yes _____ No _____ (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date you are available for employment? _____ Do you desire Full Time? _____ Part Time? _____ Temp? _____

What hours are you available? _____ Have you worked here before? _____ When? _____

NAME: _____
Last

First

Middle Initial

WORK HISTORY/BACKGROUND (Begin with most recent employer)

DATES	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY
FROM	Name & Title of Supervisor	Starting Wage
	Your Position	Leaving Wage
TO	FT or PT	

Describe in detail your duties

Reason for leaving

DATES	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY
FROM	Name & Title of Supervisor	Starting Wage
	Your Position	Leaving Wage
TO	FT or PT	

Describe in detail your duties

Reason for leaving

DATES	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY
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Describe in detail your duties

Reason for leaving

DATES	NAME AND ADDRESS OF EMPLOYER	RATE OF PAY
FROM	Name & Title of Supervisor	Starting Wage
	Your Position	Leaving Wage
TO	FT or PT	

Describe in detail your duties

Reason for leaving

SOC. SEC. NO. _____

U.S. MILITARY SERVICE

Have you ever served in the Armed Forces? Yes _____ No _____ If yes, what branch? _____

Dates of duty: From _____ To: _____
Month Day Year Month Day Year

Rank at discharge: _____ Type of work in service: _____

Service schools attended: _____

REGISTERED AS: _____

Current Registration Number _____ State _____ Expiration Date _____

EDUCATIONAL BACKGROUND: Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

High School NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA?

If no diploma, have you passed the GED exam? _____ Date _____

Voc. or Tech School NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA OR CERT?

College/University NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE?

Other NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE OR CERT?

If you have plans for further education, explain: _____

SKILLS & QUALIFICATIONS (Acquired through volunteer or previous employment)

Please list any special skills & qualifications that you would like us to consider for employment: _____

REFERENCES (Exclude relatives and former employers)

NAME	ADDRESS	TEL. NO.	OCCUPATION	YEARS KNOWN
1.				
2.				

MISCELLANEOUS

Have you ever been convicted of a crime? (excluding misdemeanors and summary offenses) _____ Yes _____ No
 (NOTE: The existence of a criminal record does not automatically prevent employment.)

If yes, describe in full _____

In case of an **ACCIDENT/EMERGENCY** NOTIFY:

Name _____ Address _____ Tel. No. _____

AGREEMENT

I hereby authorize investigation of all statements contained in this application and understand that any misrepresentation may be cause for rejection of this application or dismissal after employment. Additionally, I understand that nothing in this application form, or any other Stevens County Ambulance Service policy/procedure/handbook shall constitute any type of employment contract. If employment occurs, I understand that I have the right to terminate for any reason or no reason and acknowledge that Stevens County Ambulance Service retains the same right. If a conditional offer of employment is made, employment is contingent upon satisfactory completion of all pre-employment procedures including reference checks and physical examination.

Date: _____ Signature: _____

(Do not write below.)

Date of interview: _____

Date & time position was offered: _____

Position applied for: _____ Interviewer's comments: _____

Recommended action: Hire _____; Do not hire _____; Hold _____; Reason for hold: _____

Discussed: Hours: _____ to _____; Days: _____ Weekends: _____

Starting date: _____ Salary: _____ Hours per pay period: _____

Job classification: _____

Exempt; _____ Non-exempt; _____ FT; _____ PT; _____ Temp; _____

American Heart CPR _____ exp. date _____

National Reg. Number _____ exp. date _____

MN EMSRB Number _____ exp. date _____