

Luce County Ambulance Service



Application For Employment

Name: _____ Social Security#: _____
 Address: _____ Date Of Birth: _____
 Phone Number: _____ Cell Phone: _____
 Email Address: _____

Present Employer

Current Employer: _____ Phone Number: _____
 Position Title: _____ Years With Employer: _____
 Supervisor's Name: _____
 Can You Be On-Call During Working Hours? _____ (yes/no)
 May We Contact Your Employer? _____ (yes/no)



Are You Presently A Member Of An Ambulance Service? _____ (yes/no)
 Name Of Agency: _____ May We Contact Them? _____ (yes/no)
 Phone: _____ Supvr: _____

When Could You Be Available For On-Call?

Days Of Week: Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___
 (Check those you would be available for)

Time of Day: 7:00 a.m. – 7:00 p.m. _____ and/or 7:00 p.m. – 7:00 a.m. _____
 (Check those you would be available for)

Education

EDUCATION	NAME OF SCHOOL	# OF YEARS	DIPLOMA
High School			
College			
Trade School			
Certificates			

Are You Currently Certified In:

BLS _____, ACLS _____, PALS _____, FTC _____, PHTLS _____, BTLS _____
(Please provide copies of certifications checked above)

Date of MI Expiration: _____

NR EMT – P Expiration: _____

Additional Special
Skills _____

Previous Employment:

Employer/Address	Phone Number	Dates of Employment	Position	Reason for Leaving

Can We Contact Your Past Employers? _____ (yes/no) If Not, which employer: _____

REFERENCES

Name & Telephone Number

1. _____
2. _____
3. _____

Activities/Hobbies

List Those Activities You Enjoy Outside of Work:

1. _____
2. _____
3. _____

(Use Back Of Sheet If More Room Is Needed)

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____