



Baraboo District Ambulance Service

120 5th Street • P.O. Box 195
Baraboo, WI 53913
Phone (608) 356-3455 • Fax (608) 356-3446

Application for Employment

Please complete all sections. This application is considered active for 30 days after today's date.

Name: _____ Date: _____
Last First Middle Initial

Present Address: _____
Street City, State Zip

Preferred Telephone No. _____ Alternative Phone No _____

Email: _____

Position Desired: _____ Full Time Part Time

Wage Desired: _____ Date Available for Employment: _____

Are you legally eligible for employment in the United States? Yes No

An offer of employment, if made, is contingent upon providing satisfactory proof of legal authorization to work in the United States, according to law. Such proof must be provided to the employer on the first day of employment.

Are you employed now? Yes No May we contact your current employer? Yes No

Are you 18 or over? Yes No Are you willing to travel if the position requires it? Yes No

Are you now subject to a pending charge or violation of law (including non-criminal violations)? If so, please list all pending charges or violations.

In accordance with state law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job for which you are applying. BDAS will also consider the amount of time that has passed since any substantially related charges, alleged violations or convictions.



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EMPLOYMENT HISTORY: Please list below (even if listed on resume) present and past employment, beginning with the most recent position. Complete *all* items.

Company Name	Address:	Telephone:
Dates Employed: From: To:	Name of Supervisor	

Your Title: _____

Your Duties (list all promotions and include a brief description of each):

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Reason for Leaving:

--

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Dates Employed: From: To:	Name of Supervisor	

Your Title: _____

Your Duties (list all promotions and include a brief description of each):

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Reason for Leaving:

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PROVIDE ANY ADDITIONAL EMPLOYMENT HISTORY ON A SEPARATE SHEET OF PAPER.



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Have you ever applied to or worked for this company before? Yes No If yes, when? _____

How were you referred to us? _____
 (Person's name, name of school representative, name of internet job board, etc.)

Education	Name & Address of School	Title of Degree Earned
High School Diploma or Equivalent		
Associates Degree		
Bachelor's Degree		
Master's Degree		
Other		

List your software proficiencies: _____

List any certifications or licenses earned (list only those that pertain to the job): _____

List any awards or honors you've received (list only those that pertain to the job): _____

Professional References (Please list 3. Do not list relatives.)

Name	Company	Phone Number	Years Known	Relationship



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AUTHORIZATION, RELEASE AND CERTIFICATION

Baraboo District Ambulance Service is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, age, sex, sexual orientation, creed, religion, color, disability, marital status, veteran status, national origin, ancestry, arrest or conviction record (except as permitted by law), or any other characteristic protected by applicable law.

I certify that all information I have provided on this application (and accompanying resume) is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of information requested of me, may result in rejection of my application, or, if already employed when discovered, may result in my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement any and all information set forth in my application. I hold harmless every company, school, or individual person seeking or providing such information, whether in oral or written form. A photocopy or fax of this signed release shall be as valid as the original, and may be relied upon by all companies, schools, or persons seeking or providing information.

I further understand that if employed by Baraboo District Ambulance Service, an "at-will" employer, such employment is not for any definite period of time but may be terminated by either party at any time with or without prior notice, for any reason not prohibited by law. I understand that any oral or written statements which may have been made to me now or in the future inconsistent with the provisions of this paragraph are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if I am hired.

I understand that Baraboo District Ambulance Service will make reasonable accommodations for qualified individuals with known disabilities, including applicants for employment, unless doing so would result in an undue hardship.

I understand that if I am offered employment, Baraboo District Ambulance Service will require a pre-employment background check and drug screen.

I certify I have read and that I understand this authorization, release, and certification.

Applicant's Signature*: _____ Date: _____

Name: _____

*NOTE: Signature Must Be Handwritten (*please print this document, sign and scan/fax*)