

ROANOKE MUNICIPAL AMBULANCE DEPARTMENT APPLICATION FOR EMPLOYMENT

*Please answer all questions as completely as possible.
complete the entire application by typing or printing in ink.*

Please Complete this form and send it
to Village Hall at 101 N Main St. Roanoke IL 61561

Last Name	First	Middle	Social Security Number
Address	City	State	Zip Code
Home Telephone	Cell phone		
Date Available to Start	Shift Available Day _____ Night _____	Drivers License #	State
Miles from Roanoke	Are you a licensed EMT? _____ If so, please attach copy of license.		

Circle One

**Are you prevented from lawfully becoming
employed in this country because of visa
or immigration status?**

Yes No

Have you ever been convicted of a felony?

Yes No

**Have you been convicted of a misdemeanor
that resulted in imprisonment?**

Yes No

**Do you have any physical or medical
condition that would prevent you from
safely performing the duties of an EMT or Driver?**

Yes No

Education and Training

Name of Institution	Dates Attended	Degrees Achieved

Work Experience

Beginning with your present or most recent job, list your last three employers. You may also include volunteer experience relevant to the position for which you are applying. These employers may be contacted for reference purposes.

Name of Company	Complete Address	Telephone No.
Position you held	Supervisor's Name	Dates of Employment

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Please list two persons who know your qualifications or experience. Do not list relatives or supervisors mentioned above. These references may be checked.

Name	Occupation
Address	Telephone #

Name	Occupation
Address	Telephone #

I authorize verification and investigation of all statements contained in this application for employment.

Signature: _____ Date: _____