

Roanoke Municipal Ambulance Department

Application for Employment

Revised August 2013

Roanoke Municipal Ambulance Squad is a volunteer agency located in Roanoke, Illinois. When there are not enough volunteers during the day, RMAD hires paid part-time staff to answer emergency calls.

Equal Opportunity Employer:

In compliance with Federal, State and Local employment opportunity laws, Roanoke Municipal Ambulance Department will consider all qualified candidates for employment without regard to race, color, creed, religion, sex, sexual orientation, age, marital status, ancestry, national origin, physical or mental handicap, disability or any other characteristic protected by law.

Accommodations:

In compliance with the Americans with Disabilities Act, you may request accommodations needed to participate in the application process.

Requirements:

High School Diploma or Equivalent

Valid Illinois Driver's License

(Additional Requirements for EMT positions may include):

Current State of Illinois EMT license

Peoria Area EMS System Certification (PAEMS System Entry)

Current Healthcare Level Provider CPR Certification

Application instructions:

Please print and fill out application completely – incomplete applications may prevent you from being considered for employment. Applications will remain active for ninety (90) days. Lying or misleading information on any part of this form will be grounds for termination, should you be hired.

Personal Information

First Name: _____

Last Name: _____

Middle Initial: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

How many miles away do you live from Roanoke: _____

Driver's License Number: _____

Email Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

Background

Have you ever been charged or convicted of a crime, including traffic violations?*

Yes

No

If "Yes," give date of conviction(s) and specific information:

* Roanoke Municipal Ambulance Department does not require you to divulge expunged or sealed convictions or arrests. Criminal charges or convictions do not necessarily disqualify an applicant from employment.

Licensing & Work

Are you a citizen of the United States? Yes No
(If "Yes," skip to age question)

 If not, are you legally allowed to work in this country? Yes No

 Can you provide proof of this? Yes No
(Please attach)

Are you 18 years of age or older? Yes No

Are you registered or licensed as a healthcare provider? Yes No

If so, please provide your license or registration number below, and attach a copy of your license to this application.

License/Registration Number: _____

If so, has your license or registration ever been revoked, suspended, or put on probation?

 Yes No

Do you have a current Healthcare Provider Level CPR Card?

 Yes No

If so, please attach a copy of your CPR Card.

Are you interested in becoming licensed as an EMT-Basic, EMT-Intermediate, EMT-Paramedic or First Responder? Roanoke Municipal Ambulance will assist or provide you with tuition.

 Yes No

Do you have any physical or mental condition that would prevent you from safely performing the duties of an EMT or driver?

 Yes No

Which position are you applying for?

 First Responder

 Driver

 Emergency Medical Technician

Education

High School (or Equivalent): _____

City: _____ State: _____

Did you graduate? Yes No

College/University: _____

Course of Study: _____

City: _____ State: _____

Degree Earned: _____

Trade, Business or other School: _____

Course of Study: _____

City: _____ State: _____

Degree Earned: _____

Availability

Roanoke Municipal Ambulance regularly employs part-time day shift staff for emergency calls between 0600 and 1800 hours (military time). On occasion, paid staff are used to respond to emergency calls on nights or weekends. Please list your availability for each day of the week.

Sunday Hours: _____

Monday Hours: _____

Tuesday Hours: _____

Wednesday Hours: _____

Thursday Hours: _____

Friday Hours: _____

Saturday Hours: _____

Other Employment

Do you work for any other EMS or Fire Agencies?

Yes No

If so, please specify which agencies:

Employment History

Employer Name: _____ Start Date: _____
Position: _____ End Date: _____
Address: _____
City: _____ State: _____
Supervisor Name: _____
Supervisor's Title: _____
Telephone Number: _____
Reason for leaving this employer: _____
May we contact this employer? Yes No
Is this your current employer? Yes No

Employer Name: _____ Start Date: _____
Position: _____ End Date: _____
Address: _____
City: _____ State: _____
Supervisor Name: _____
Supervisor's Title: _____
Telephone Number: _____
Reason for leaving this employer: _____
May we contact this employer? Yes No
Is this your current employer? Yes No

Employer Name: _____ Start Date: _____
Position: _____ End Date: _____
Address: _____
City: _____ State: _____
Supervisor Name: _____
Supervisor's Title: _____
Telephone Number: _____
Reason for leaving this employer: _____
May we contact this employer? Yes No
Is this your current employer? Yes No

References

Please list at least three (3) references you have known for at least one year. Do not list persons related to you or persons already listed in the employment section.

Name: _____

Occupation: _____

Telephone Number: _____

Years acquainted with you: _____

Relationship:

Work

Personal

Name: _____

Occupation: _____

Telephone Number: _____

Years acquainted with you: _____

Relationship:

Work

Personal

Name: _____

Occupation: _____

Telephone Number: _____

Years acquainted with you: _____

Relationship:

Work

Personal

Name: _____

Occupation: _____

Telephone Number: _____

Years acquainted with you: _____

Relationship:

Work

Personal

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of these facts may be grounds for rejection of this application, denial of employment or, if employed, for dismissal if subsequently discovered.

In connection with my application for employment with Roanoke Municipal Ambulance Department, I understand that investigations and inquiries may be made concerning my background and qualifications, including but not limited to my past employment or employment references, education, credit history, criminal convictions and history, motor vehicle reports, and other inquiries. By signing this application/statement, I hereby authorize and release without reservation all parties, including Roanoke Municipal Ambulance Department and its employees or representatives, from any and all claims, actions, suits and/or liabilities arising from the release or pursuit of any such information. I understand that this release does not operate to relieve any party of liability under applicable non-discrimination and fair employment practices laws. In the event Roanoke Municipal Ambulance Department uses an outside investigative consumer-reporting agency, Roanoke Municipal Ambulance Department will notify me.

I understand that filling out this form does not indicate there is a position open and does not obligate Roanoke Municipal Ambulance Department to hire me. If hired, I understand that I will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. In consideration of my employment, I agree to abide by the rules and regulations of Roanoke Municipal Ambulance Department.

I understand and agree that, if hired, my employment is for no definite period and regardless of the date of payment of my wages or salary my employment can be terminated at any time, with or without cause or notice, at the option of either Roanoke Municipal Ambulance Department or myself. I further understand that only Roanoke Municipal Ambulance Department's Chief Executive Officer ("Chief") or another person specifically designated by Roanoke Municipal Ambulance Department's Chief has the authority to create or enter into any employment agreement on behalf of Roanoke Municipal Ambulance Department, and this employment agreement will not be enforceable unless it is in writing and signed by Roanoke Municipal Ambulance Department's duly authorized representative and me.

Signature

Date

Received by:

Signature

Date