



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

Position Applied For:		Part Time []	Full Time []
Name:		Social Security No:	
Address:	City:	State:	Zip Code:
Contact Phone No:	Contact Email:	U.S. Citizen Or Permit To Work: Yes [] No []	
Do You Have A Valid Driver's License: Yes [] No []	Divers License No:	DL Issuing State:	

Since your 18th birthday, have you EVER been convicted of any violations of law or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with state law and city ordinance, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.

Yes [] No [] Explain: _____

Personal and Professional References		
Name:	Relationship:	Contact Info:
Name:	Relationship:	Contact Info:
Name:	Relationship:	Contact Info:



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Name of High School:	Location of High School:
Year of Graduation:	GED or High School Equivalency Diploma: GED [] High School Equivalency []

Training Beyond High School				
Name and Location of Institution	Dates Attended	Credits Earned	Major Field	Degree Earned
Total number of years of higher education after high school: 2yrs [] 4yrs [] 4+yrs []				
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certifications, or other information you feel might be pertinent to the position.				

WORK EXPERIENCE

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. **VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, HOURS WORKED, ETC.**



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Employer:	Type of job:	Address:
Your Title:	Reason for Leaving: (If Applicable)	Name and Contact Info of Supervisor:
Your Duties:	Employed Part Time [] Full Time []	
	Employed From: _____ To: _____	
	Monthly Salary:	

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Your Title:	Reason for Leaving: (If Applicable)	Name and Contact Info of Supervisor:
Your Duties:	Employed Part Time [] Full Time []	
	Employed From: _____ To: _____	
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Authorization for Release of Information

I _____, am an applicant for employment with the Baraboo District Ambulance Service. The Service must thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Service.

I hereby authorize any representative or designee of the Baraboo District Ambulance Service bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Baraboo District Ambulance Service, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records of recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Baraboo District Ambulance Service regardless of any agreement I may have made with you previously to the contrary. The Ambulance Service requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.



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For and in consideration of the Baraboo District Ambulance Service's acceptance and processing of my application for employment, I agree to hold the Baraboo District Ambulance Service, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Baraboo District Ambulance Service. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and under Sections 19.36(10) and 19.356, Wis. Stats., with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Baraboo District Ambulance Service in conjunction with employment procedures.

A photocopy or facsimile of this release form will be as valid as an original thereof, even though the copy does not contain an original writing of my signature. The waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges and fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. The Release Indemnification, defense, and hold harmless covenants and by me in this Agreement shall continue in full force and effect for the benefit of indemnified parties until applicable Statutes of Limitation have expired. The authorization to release background information regarding me is valid for a period of one year from the date below or until completion of my probationary period, whichever is longer.

Date: _____ Signature: _____

Maiden name or other alias: _____

NOTE: If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for employment. Failure to admit convictions will result in disqualification. IF you are unsure of how to respond to this or any other question, IT IS YOUR RESPONSIBILITY to check for information/clarification.