

**RUSHFORD COMMUNITY AMBULANCE
EMT APPLICATION**

Application will not be accepted unless completed in its entirety

Name: _____
 First Middle Last

Present Address: _____
 Apt # Street Number City State Zip

How long at present address: _____ Home Phone: _____
 YY/MM Cell Phone: _____

Drivers License Number: _____

How did you happen to apply for the volunteer position? _____

Education History

High School _____ Address _____

Years Completed _____ Diploma/Degree _____

College Attended _____ Address _____

Years Completed _____ Diploma/Degree _____

Trade School _____ Address _____

Years Completed _____ Diploma/Degree _____

Attached other sheets if needed:

Employment History

List your last three employers starting with your present or last employer first;

1. Name and address of company _____
Dates from _____ to _____ Name & title of Supervisor _____

Your job title _____ Job Duties _____

2. Name and address of company _____

Dates from _____ to _____ Name & title of Supervisor _____

Your job title _____ Job Duties _____

3. Name and address of company _____

Dates from _____ to _____ Name & title of Supervisor _____

Your job title _____ Job Duties _____

Character References
(Do not list relatives or former employers)

1. Name _____ Occupation _____

Address _____ Phone # _____

2. Name _____ Occupation _____

Address _____ Phone # _____

3. Name _____ Occupation _____

Address _____ Phone # _____

Medical Information

Date of last medical exam? _____

Are you currently under a doctor's care? _____

Do you have any lifting restrictions? ___ yes ___ no. If yes what are they _____

Questionnaire

1. Are you at least 18 years of age? ___yes ___no
2. Are you willing to give up nights plus a few weekends for the department? ___ yes ___no
3. Does your job or type of work take you out of town? ___yes ___no
4. How does your place of employment feel about you joining the ambulance service?

5. Do you have any previous medical experience? _____ if yes what is that _____

6. Do you have any medical or physical disabilities? _____ if so what are they _____

7. Do you have any of the following medical problems?
____ Diabetic
____ Alcoholism
____ Drug addiction
____ Use medication? If so please list them _____
____ Skin sensitivities
____ Difficulty breathing when wearing a mask
____ any other conditions that you feel could affect the overall health

8. Do you or have you in the past experienced any medical or physical problems that could affect our ability to perform the duties of a volunteer ambulance EMT or driver?
____ yes _____ no? Please describe _____

Miscellaneous Information

What do you do for recreation? _____

Clubs and organizations which you belong? (Exclude those based on race, religion or national origin) _____

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

_____NO _____YES

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Rushford officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Rushford. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Rushford and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Rushford data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12 and has been or will be collected by the City of Rushford and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Rushford to have access to this information is to determine my suitability for employment for the position of EMT,

Ambulance Driver. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Rushford. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____ Date _____

Signature: _____

Investigation Waiver

I, the above named individual do hereby, certify, by my signature below, that I do request full and complete disclosure of any records that I may have with any Police Department, Sheriff's Office, Minnesota Highway Patrol, or any State or Federal Law Enforcement Agency, any court, or any school which I have attended, be furnished to the Rushford Ambulance Service, in any matters appearing below:

- Record of any medical treatment or history of treatment for nervous or mental illness
- Driving record
- Employment record
- Record of any arrests, convictions, or incidents involving police investigations.

I further authorize the City of Rushford to check my driving record as necessary assure compliance with the city vehicle operations policy and/or auto insurance carrier regulations.

I understand that any knowledge about my personal conduct or information pertaining to my personal business will be treated with the strictest confidence by the Rushford Ambulance Service.

Signature _____ Date _____

**GENERAL AUTHORIZATION & RELEASE
PURSUANT TO MN STAT. 13.05, SUBD. 4
MINNESOTA DATA PRACTICES ACT**

I, _____, hereby authorize and grant my informed consent to you, _____, to release to and make available to _____ and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by MN Stat. 13.02. Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting _____ to have access to this information is to determine my suitability for employment with the City. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the City who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

Signature

Date

Date of Birth

Driver's License #

The following is agreed to by the applicant's employer

I do hereby certify that this application is made with my knowledge and consent and I understand that if _____ is accepted to the Rushford Community Ambulance Service that this individual will be given part of their time to public service and will be expected to leave work when the page sounds.

Name of company _____

Address _____

Phone number _____

Name of Supervisor _____

Signature of employer _____

Date _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS YES NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name			
Branch of Service:			Period of Active Duty From: _____ To: _____		
Rank at Discharge:	Type of Discharge:	Date of Discharge:	Final	Service No.:	
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preference Requested:					
<input type="checkbox"/> Veteran		<input type="checkbox"/> Disabled Veteran		<input type="checkbox"/> Spouse of Deceased Veteran	
<input type="checkbox"/> Spouse of Disabled Veteran			<input type="checkbox"/> Spouse of Deceased Veteran		

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner. Supporting documentation: is attached will be submitted within 7 days.