

Lancaster EMS, Inc.

312 North Washington Street ♦ P.O. Box 293 ♦ Lancaster, WI 53813-0293
EMS Office Phone (608) 723.6331 ♦ EMS/Fire Fax (608) 723.7560
www.lancasterems.org ♦ lancasterems@tds.net

Application for Membership

Position to be considered: EMT Driver Ride-along Date: _____

Name: _____

Previous Name(s): _____

Street Address & City: _____

Phone Numbers: Day _____ Night _____ Cell: _____

Email address: _____

Drivers License Number: _____ DL State: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Level of Education: HS/GED Y / N Technical Degree Y / N 4 year College Y / N

Are you currently employed Y / N Occupation: _____

How Long: _____ May we contact your current employer? Y / N

Have you previously served with another ambulance service? Y / N

If so, which service(s)? _____

May we contact your previous service(s)? Y / N

Have you been convicted of a crime or have criminal charges pending, including traffic violations?
Y / N

If yes, explain: _____

If accepted for membership, what times would you be available to volunteer for call?

References: List name, full address and telephone numbers of three personal and/or professional references (no relatives):

1. _____

2. _____

3. _____

By signing below, I certify that the above information is indeed true and correct. I also understand that if any of the information is found to be incorrect/false, that it will be grounds for immediate dismissal or ground to deny this application.

Applicant Signature

Date

For Office Use:

Date Application Received: _____

Reference Checks Sent: _____ / _____ / _____

Additional References: _____ / _____ / _____

_____ / _____ / _____

References Received: _____ / _____ / _____

Additional: _____ / _____ / _____

_____ / _____ / _____

Criminal Background Check: _____

Driver's License Check: _____

Interview: _____

Membership Consensus: Approve Deny

Officer Action: Approve Deny

Waiver

I authorize pertinent companies, schools, agencies, municipalities or person to give to Lancaster EMS, Inc. any information requested regarding my employment, character, experience and qualifications and/or suitability for service with Lancaster EMS, Inc., including a check of police records. I hereby release and hold harmless, any person or organization for obtaining, providing or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is valid as the original and shall be recognized as such.

Applicant's Signature

Applicant's Name Printed

Date

Reference Information Liability Waiver

I, _____, have applied to Lancaster EMS, Inc. for employment. In order that my qualifications, and past job performance with you be considered, I request that Lancaster EMS, Inc. be fully advised of my work/school record with you or your affiliation.

I hereby respectfully request that you furnish all relevant, recorded information and I authorize its release to Lancaster EMS and I release and hold you harmless for any claims, actions and proceedings in and all law or equity concerning the disclosures authorized herein.

In addition, a copy of this authorization is valid as the original and shall be recognized as such.

Applicant's Signature

Applicant's Name Printed

Date

Drug and Alcohol Abuse Policy Statement

Lancaster EMS, Inc. expects its associates to assist in maintaining a drug free work environment that is free from the use and effects of alcohol, recreational drugs and other mood-altering substances.

Lancaster EMS, Inc. prohibits associates from the unlawful manufacture, distribution, dispensation, possession or use of controlled substances.

Smoking inside the Fire/EMS building is prohibited. Furthermore, smoking inside an ambulance is prohibited, and may be grounds for immediate suspension from Lancaster EMS.

I have read and understand the above Lancaster EMS, Inc. policy concerning drug and alcohol abuse and agree to comply with this policy.

Applicant/Associate's Signature

Date

Hepatitis B Vaccination

I, _____, have already been vaccinated against Hepatitis B. The dates of the vaccination are _____, _____, & _____.

Applicant's Signature

Applicant's Printed Name

Date

Waiver

I, _____, do hereby acknowledge Lancaster EMS, Inc. has offered to me and I have refused the Hepatitis B vaccination. The risks of declining this vaccine have been explained to me. I further acknowledge this vaccination was offered to me at no cost to me.

Further, I acknowledge if I should decide to want the Hepatitis B vaccination, the vaccination will be at my expense.

Dated this _____ day of _____, 20__.

Applicant's Signature

Applicant's Printed Name

Officer (Infection Control)