



# GREEN LAKE TOWNSHIP E.M.S. JOB APPLICATION/PERSONNEL RECORD

Application Date: \_\_\_\_\_

## Personal Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Address    City and State                      Zip

\_\_\_\_\_  
Phone #                                      Social Security #                      Birth Date

## Position Desired

\_\_\_\_\_  
Drivers License #                      State                      Do you wear corrective lens? Yes  No

Employment Desired?      Fire Department       Emergency Medical Service       Both       Internship

What prompted you to apply here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you, after employment, submit verification of your identity and legal right to work in the United States?

Yes       No

Are you 18 years of age or older?      Yes       No

If under 18, do you have a work permit?      Yes       No

Do you authorize Green Lake Twp. EMS to run a background check including driving record?

Yes       No

Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged, or statutorily eradicated).

Yes       No

## Medical Information/History

Disabilities? \_\_\_\_\_

Chronic Conditions? \_\_\_\_\_

Allergies? \_\_\_\_\_

Injuries/Illnesses? \_\_\_\_\_

Personal Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Address    Phone #

**Education and Training**

School	Major	Date	Degree

Other Training, Honors, and Awards:

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**Experience**

**List current Employer first.**

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Phone # \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Phone # \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Phone # \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

List any certifications:

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**References**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I certify that the above is true to the best of my knowledge at the time of application. I also agree to provide copies of all licenses and certificates.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_