



Carlton Fire and Ambulance Application for Employment

Position(s) Applied For:	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend	
<input type="checkbox"/> Current Employee - Who? _____ <input type="checkbox"/> Other _____	

Last Name		First Name		Middle Name	
Address	Number	Street		City	
State	Zip	Home Telephone ()		Mobile Telephone ()	

Best time to contact you at home is: _____ : _____ am/pm

Are you over 18 years of age? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, who _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work: _____ / _____ / _____

Do you have any physical limitations or health conditions which may limit your ability to perform the job applied for?



Carlton Ambulance Service considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance or any other legally protected status.

Employment Experience

Start with your present or last job and list your Employment history. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From MM/YY	To MM/YY	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From MM/YY	To MM/YY	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Please provide any pertinent past work experience with BLS ambulance service or health care related field.

Employer:	Job title:	Certification:
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Please explain duties performed.



CARLTON FIRE AND AMBULANCE

100 4th Street – PO Box 336, Carlton, MN, 55718
(218) 384-4158

	Name and City of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (i.e. Technical College)				

Additional Information

List any current Fire or EMS licenses - EMSRB/NREMT (EMR, EMT, Paramedic), CPR FFI&2 with expiration dates

Specialized Skills/Equipment Operated

State any additional information that you feel may be helpful to us in considering your application.



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References

Please submit the Names of three persons not related to you, whom you have known for at least one year.

Name	Address	Occupation	Phone

Note to Applicants: A COPY OF THE JOB DESCRIPTION FOR WHICH YOU ARE APPLYING SHOULD ACCOMPANY THIS APPLICATION. IF IT DOES, ANSWER THE FOLLOWING QUESTION ONLY AFTER REVIEWING THAT JOB DESCRIPTION, IF IT DOES NOT, DO NOT ANSWER THE FOLLOWING QUESTION.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____NO

Applicant's Statement

Applicant is required to sign the application to receive consideration. By virtue of your signature the applicant certifies and acknowledges the following:

1. That answers given herein are true and complete.
2. Investigation of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision is hereby authorized.
3. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Carlton Fire and Ambulance is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and signed by the City Administrator.
4. That the Carlton Fire and Ambulance is hereby authorized to make contact with my present employer(s), but that such contact shall not be made unless I am a finalist for the position for which I am applying.
5. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Carlton Fire and Ambulance.

Signature of Applicant

Date