



# Spearfish Emergency Ambulance Service, Inc.

715 E Colorado Blvd, Spearfish, SD 57783  
Phone: (605) 642-8810 • Fax: (605) 717-0193



## Full-time Employment Application

Name: \_\_\_\_\_ Soc. Sec # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SD EMT # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ NREMT # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check One:  EVOC  EMT - B  I-85  I-99  Paramedic

Advanced Life Support License # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

### Education and Training

#### Highest Level of Education (with completion date)

- High School: \_\_\_\_/\_\_\_\_/\_\_\_\_  College/University Degree: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Some Technical schooling (no degree)  Graduate School Degree: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Some College (no degree)

#### Location of Initial EMS Training

EMT-Basic Training: \_\_\_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMT-Intermediate Training: \_\_\_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Paramedic Training: \_\_\_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

ALS ONLY: Expiration Dates – ACLS: \_\_\_\_/\_\_\_\_/\_\_\_\_ PALS: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMLS: \_\_\_\_/\_\_\_\_/\_\_\_\_ CCEMTP: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Other Ambulance Services Employed With, Years at Each, and Title

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Other Training and Year Completed

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

• Have you ever been employed by Spearfish Ambulance Service before?  YES  NO;  
If YES, when and reason for leaving:

• Do you have ANY health problems that may interfere with you performing your job in accordance with the Operations Protocols (Section 1 – pg 2 – numbers 4 & 5)?  YES  NO;  
If YES, please list:

• Have you ever been convicted of a felony under state or federal law?  YES  NO  
If YES, please explain:

\_\_\_\_\_ When: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disposition: \_\_\_\_\_

• Have you ever had your ALS License revoked?  N/A  YES  NO  
If YES, please explain:

\_\_\_\_\_ When: \_\_\_\_/\_\_\_\_/\_\_\_\_ Disposition: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Initials: \_\_\_\_\_

References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

- By my signature, I hereby authorize the Executive Director to conduct a background check and/or obtain a criminal record on me. I hereby understand that the Executive Director will confidentially hold the results of the criminal record check. The results of this check will be taken into consideration when accepting or rejecting applications.
Our insurance carrier checks personal driving records. If you have more than three (3) traffic violations in the past three (3) years, you will not be allowed to operate our vehicles.
You MUST supply copies of the following documents: Social Security card, current Driver's License, current SD EMT card, current CPR card.
Please supply current copies of the following documents if applicable: NREMT card, ACLS card, PALS card, and/or other current certification(s).

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed in this document to give Spearfish Emergency Ambulance Service, Inc. and its Executive Officer(s) all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing said information to Spearfish Emergency Ambulance Service, Inc. In consideration of my employment, I agree to conform to the rules and regulations of Spearfish Emergency Ambulance Service, Inc. I further agree that either Spearfish Emergency Ambulance Service, Inc. or I may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of Spearfish Emergency Ambulance Service, Inc., other than the Executive Director, has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Applicant Name (print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In the Event of an Emergency – Please Notify:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Voluntary Personal Information:

(Employment is not subject to the following information)

- Do you speak any language(s) other than English?  YES  NO
If YES what: \_\_\_\_\_
Marital Status:  Single  Married Name of Spouse: \_\_\_\_\_
Number of family members/dependents (including yourself): \_\_\_\_\_

Dependent Children

Table with 3 columns: Name, Gender, Date of Birth