



Spearfish Emergency Ambulance Service, Inc.

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



Employment Application

I am applying for (check all that apply): [] Full-Time [] Part-Time [] Volunteer (paid)

Name: _____ Soc. Sec #: _____ - _____ - _____

Address: _____ DOB: ____/____/____

City: _____ State: _____ Zip Code: _____ Phone: Hm _____

E-Mail Address: _____ Cell Phone #: _____

Drivers License #: _____ State: _____ Exp. Date: ____/____/____

SD EMT # _____ Exp. Date ____/____/____ NREMT # _____ Exp. Date ____/____/____

Check One: [] EMR /EVOC [] EMT / EMT-B [] I-85 [] AEMT [] Paramedic

Advanced Life Support License # _____ Exp. Date ____/____/____ State: _____

Highest Level of Education (with completion date)

- [] High School: ____/____ [] College/University Degree: ____/____
[] Some Technical schooling (no degree) [] Graduate School Degree: ____/____
[] Some College (no degree)

[] Veteran Status: (Check One) [] N/A [] Active Duty [] Reserve [] Honorable Discharge

Location of Initial EMS Training

EMR/EVOC: _____ Date Certified: ____/____/____
EMT/EMT-Basic: _____ Date Certified: ____/____/____
EMT-Intermediate: _____ Date Certified: ____/____/____
Advanced EMT: _____ Date Certified: ____/____/____
Paramedic: _____ Date Certified: ____/____/____

ALS ONLY: Exp. Dates - ACLS: ____/____/____ PALS: ____/____/____ NALS: ____/____/____ CCP-C / CCEMTP: ____/____/____

Other Training and Year Completed

- 1. _____ 3. _____
2. _____ 4. _____

Other Ambulance Services Employed With, Years at Each, Title & Contact Phone Number

- 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? [] 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 healthcare certification or license suspended or 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 current copies of the following documents: Social Security card, Driver's License, SD EMT card, 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): _____
 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

Name	Gender	Age
	M F	
	M F	
	M F	
	M F	