

Bayfield Community Ambulance Service

Bayfield, Wisconsin

Hello,

Thank you for your interest with our ambulance service. By helping your friends and neighbors as a member of this service, you will have the opportunity to provide your community a very important service.

I am confident that you will find that becoming an EMT or driver with the Bayfield Ambulance Service a very rewarding experience. In addition to the great feeling that comes with helping others, you will also find that you are affiliated with a service that is made up with some extraordinary people.

The Bayfield Ambulance Service also provides other benefits to its EMT's. We offer a retirement package, compensation for being on-call, compensation for going on runs, clothing allowance, and a training allowance.

If becoming a driver or EMT with the Bayfield Community Ambulance Service is of interest, and you live or work in the city or township of Bayfield, please fill out the attached application and mail it to the address below. EMT courses are offered in the fall. The Bayfield Ambulance will pay for your tuition and books, provided you commit yourself to a minimum of one year of service to the Bayfield Ambulance. Once trained, we ask that you sign up for at least 17 shifts per month. We also hold a monthly meeting/training that we expect you to attend.

Please feel free to call Lyn Cornelius if you have any questions.

Send Applications to:
Lyn Cornelius
P.O. Box 346
Bayfield, WI 54814

Thank you,

Lyn Cornelius
Service Director
715-779-3978

Bayfield Community Ambulance

Bayfield Community Ambulance Service
EMT-Driver Application Form

***The Director and/or assistant Director of the Bayfield Ambulance may verify all information and references given on the application.**

Name: _____ Date: _____

Address: _____ Phone: _____

D.O.B.: _____ S.S. # _____

Driver's License Number and State: _____

Driver's License Class and Expiration Date: _____

Educational Background

High School / Tech School: _____

College / Vocational School: _____

Post Graduate: _____

Military Experience: _____

Previous Emergency Services Experience (if applicable)

EMS Provider: _____ Date: _____ Rank: _____

Administrator's Name: _____ Phone #: _____

Fire Provider: _____ Date: _____ Rank: _____

Administrator's Name: _____ Phone #: _____

Total years involved in EMS: _____

Employment Background

Current Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ Number of days absent last year: _____

Previous Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____

Previous Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____

Health Information

Is there any reason that your present health condition would restrict your activities as an emergency service provider? [If yes, please explain.]

Do You suffer from any fear / phobias that would restrict your activities as an emergency services provider?

Name of Person to contact in case of an emergency: _____

Emergency Phone Number: _____

Background Investigation

Have you ever been convicted of a crime? [Circle One] Yes No

[If yes, please explain] _____

References

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Signatures

I understand and agree that I may be required to take a physical examination as a condition of employment/membership. I agree to consent to such exam and to Bayfield Community Ambulance, its directors, officers, agents or employees from any claim arising in connection with the use of such exam.

I certify that the facts contained in my application for employment/membership as well as the facts relayed during my personal interview(s) are true and complete to the best of my knowledge and understand that if employed, falsified statements shall be grounds for dismissal.

I agree to permit the Bayfield Community Ambulance to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization.

Signature of Applicant: _____ Date: _____

Signature of Administrator: _____ Date: _____