



# Wellman Volunteer Ambulance Service Membership Application

Wellman EMS



Saving Lives!

## Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing/Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Desired Position

Paramedic: \_\_\_\_\_ EMT: \_\_\_\_\_ RN/PA Exemption: \_\_\_\_\_

How many nights per week are you available to staff? \_\_\_\_\_

How many days per weekend are you available to staff? \_\_\_\_\_

How many nights per weekend are available to staff? \_\_\_\_\_

## Employment History

Where are you currently employed? \_\_\_\_\_

Years employed at above employer? \_\_\_\_\_

Your current work schedule? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

Employer phone number: \_\_\_\_\_

**Previous Employment**

**Dates of Employment**

**Employer's Name**

**Reason for Leaving**

\_\_\_\_\_  
(From – To)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(From – To)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(From – To)

\_\_\_\_\_

\_\_\_\_\_

**References**

1. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

2. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

3. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

**Special Training and/or Skills**

Please summarize any special job related skills and or training which may be an asset to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_

ACLS Expiration Date: \_\_\_\_\_

PHTLS Expiration Date: \_\_\_\_\_

PALS Expiration Date: \_\_\_\_\_

EMT/Paramedic/RN State Certification Expiration Date: \_\_\_\_\_

EMT/Paramedic/RN National Certification Expiration Date: \_\_\_\_\_

**Driving Experience**

Do you possess a valid Iowa Driver's License?\_\_\_\_\_

If "yes":

Date License was Issued:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current Expiration Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's ID Number:\_\_\_\_\_

Are you willing to get a required Iowa Commercial Driver's License?\_\_\_\_\_

Please list below any traffic violations, accidents, and/or revocations you may have incurred during the last 60 months:

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_

**Formal Education**

Educational Institution	Dates Attended	Certificate/Degree Earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## **Requirements**

Please submit photocopies of the following documents with your application:

1. Driver's License.
2. CPR card.
3. ACLS card.
4. PHTLS card.
5. PALS card.
6. State certification card.
7. National certification card.

## **Applicant's Statement**

I certify that all information provided herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references as may be necessary in arriving at the membership decision.

In the event of membership, I understand that, upon the discovery of false or misleading information given in my application or during my membership interview, discovery of said information may result in my discharge. I also understand that I am required to follow all rules, regulations, policies, procedures, protocols, and job requirements set by the ambulance officers, and that my failure to do so may result in my discharge.

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **Mail Completed Application To:**

Wellman Volunteer Ambulance Service  
Jeremy A. Peck  
PO Box 527  
Wellman, IA 52356