



DANE COUNTY DISTRICT ONE EMS

316 W. Commercial St. • Box 505 • Mazomanie, WI 53560
608.795.9860 • fax 608.795.9860 • mzems1@gmail.com

Application: Volunteer Emergency Medical Technician

PLEASE PRINT.

Name _____
First MI Last

Address _____

City _____ State _____ Zip _____

Birth Date ____/____/____ Sex: M ____ F ____ Social Security # _____ - ____ - _____

Driver's Lic. # _____

Email _____ Phone _____

Current Licensing Level _____

Other Related Training _____

Are you able to lift at least 50 lbs.? Y___ N___ Any prior back injuries? Y___ N___

Have you been convicted of a crime? Y___ N___ Any criminal charges pending? Y___ N___

If you answered yes to either of the criminal questions, please provide information on the back of this page!

Current Employer: _____

Address _____ City/State _____

Job Title _____

Start Date _____ Phone _____

Thank you for applying to District One EMS.

Personal Reference _____

Occupation _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please list all prior EMS/Fire Services you've been affiliated with:

	SERVICE	DATE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

State of _____ License # _____

I agree that any misstatement of material fact will cause forfeiture on my part of all rights to any employment with Dane County District One EMS.

_____ *

Applicant Signature _____ Date _____

**Your signature authorizes District One EMS to complete a background check.*

District One EMS is an Affirmative Action/Equal Opportunity Employer.