



Mayville Area Ambulance Service
5802 Lynch Drive, PO Box 181
Mayville, Michigan 48744

<i>Office Use Only</i>
Received On: _____
Received By: _____

APPLICATION FOR EMPLOYMENT/MEMBERSHIP

Print or Type all information. Fill in all boxes completely.

Personal Information

Name (Last, First, Middle)		Today's Date
Street Address (and Mailing address if different)		Home Telephone ()
City, State, ZIP		Business Telephone () Ext.
Have you ever applied before? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes: Month and Year</i> _____		Cellular Telephone ()
Position Desired	Age, only if under 18.	Email Address
Drivers License Number	Social Security Number	Best Contact Method <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email

Education

School / Course	School/Company/Location	Instructor(s)	Date Completed	License Number	Expiration Date
High School					
CPR					
MFR _____ EMT _____ EMT-S _____ EMT-P _____					
Other					

Employment

Current Employer		Address
Supervisor & Telephone		Job Title/Position
Starting Date	End Date	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this employer located within the MAAS service district? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know if your employer will allow you to be on call while working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Previous Employer		Address
Supervisor & Telephone		Job Title/Position
Starting Date	End Date	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Availability Check (✓) all shifts that you may be available. MAAS is flexible in scheduling, please enter available times in the “Other Times” column, if the standard shift times will not work.

Day	AM Shift (6 a.m. – 6 p.m.)	PM Shift (6 p.m. – 6 a.m.)	Other Times
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

References

Name	Address	Occupation	Telephone Number
1.			
2.			
3.			

Additional Information

<p>Do you know anyone who or have a relative that works for the MAAS? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i></p>
<p>Do you have any previous medical, emergency medical services (EMS), ambulance, fire department, hospital, etc. experience? List, including company name(s), date(s) of service, and position(s). Attach additional sheet if needed.</p>
<p>Please list any special skills that you feel are/will be important in this job:</p>
<p>Do you have any disabilities that may affect your performance? If Yes, please describe/explain.</p>
<p>Have you ever been arrested or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:</p>
<p>Please list any additional information that you feel is important when considering this application:</p>

By signing this form, I certify that all information provided is true and complete to the best of my knowledge and ability. I further authorize investigations, including but not limited to contacting of references, driving and criminal records checks, as needed. I also agree that in the event that I am accepted as a member of the MAAS, I will abide by all regulations and rules as set forth by the MAAS and any regulator, federal, state, and/or local agency, I will maintain EMS licensure, and acknowledge upon termination of my membership, that I will return all equipment, supplies and uniform apparel provided to me.

X	
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Signature

Date