

Curtis-Universal Ambulance Inc.

Application for Employment

Applicant Name: _____



FOR OFFICE USE ONLY

Division _____

Date of Interview _____

Hired Yes No

Completed applications can be emailed to
HR@curtisambulance.com or faxed to (414) 433-1850

Curtis Ambulance Service Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone : _____ Alt. Phone: _____

e-mail address: _____

Social Security Number: _____ - _____ - _____

Drivers License Number: _____ Exp: _____

Are you over the age of 18? YES NO

Are you legally able to work in the United States? YES NO

Do you have any criminal history that may bar you from licensure? YES NO

If yes, please list offenses: _____

POSITION

Position Desired: _____

Are you willing to relocate, if necessary? YES NO

What date are you available to start? _____

What type of employment are you seeking? (check all that apply)

- Full Time – 36 – 48 Hours per week
 Part Time – minimum requirement 24 hours per month

Salary Desired: _____

MILITARY EXPERIENCE

Have you ever been in the armed forces? YES NO

If YES, what branch: _____ Current Status: _____

Discharge Date: _____ Discharge Status: _____

PREVIOUS WORK HISTORY

Please include employment for the last 5 years, starting with the most current. Use additional pages as necessary. Applicants with "see resume" will not be considered for a position with Curtis-Universal Ambulance Inc.

Current or Most Recent Employer: _____

Location: _____ Phone Number: _____

Reason for Leaving: _____

Supervisor: _____

Hire Date: _____ Last Date of Employment: _____

Your Position: _____ Final Salary: _____

Job Description: _____

Employer Name: _____

Location: _____ Phone Number: _____

Reason for Leaving: _____

Supervisor: _____

Hire Date: _____ Last Date of Employment: _____

Your Position: _____ Final Salary: _____

Job Description: _____

Employer Name: _____

Location: _____ Phone Number: _____

Reason for Leaving: _____

Supervisor: _____

Hire Date: _____ Last Date of Employment: _____

Your Position: _____ Final Salary: _____

Job Description: _____

Employer Name: _____

Location: _____ Phone Number: _____

Reason for Leaving: _____

Supervisor: _____

Hire Date: _____ Last Date of Employment: _____

Your Position: _____ Final Salary: _____

Job Description: _____

Employer Name: _____

Location: _____ Phone Number: _____

Reason for Leaving: _____

Supervisor: _____

Hire Date: _____ Last Date of Employment: _____

Your Position: _____ Final Salary: _____

Job Description: _____

EDUCATION/TRAINING

Name of School	City / State	Graduation Year	Specialty	Degree Received
High School				
College				
Other				

EMS TRAINING

EMT Basic	City/State	Graduation Year	Instructor	Degree Received
Advanced EMT				
Intermediate				
Paramedic				
Critical Care				

CREDENTIALS

Type	Number	Expiration Date	Level	Credentialing Agency
National Registry				NREMT
State EMS License				
CPR				
ACLS				
PALS				
PEPP				
GEMS				
PHTLS				
CCP				
ICS 100				FEMA
ICS 200				FEMA
ICS 700				FEMA
EVOC/CEVO				
Other				

Please provide copies of all current credentials along with this application.

ICS 100, 200, and 700 are requirements for FEMA and employment with Curtis Ambulance. If you do not have these credentials or do not have certificates, please refer to the following websites for credentialing:

ICS 100 - <http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-100.b>

ICS 200 - <https://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-200.b>

ICS 700 - <http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-700.a>

APPLICANT STATEMENT - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Curtis Universal Ambulance Service, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Curtis Universal Ambulance Service, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Curtis Universal Ambulance Service, Inc. May end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. Also a criminal background check and caregiver background check will be completed at time of hire and every 2 years (or as deemed needed) of continued employment after that. Those records will be on file in the Human Resources Directors office and are available for review.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Name _____

Applicant Signature _____ Date _____

(Rev. 09/2017)

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, [F-82064](#), and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as “entities”);
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <https://www.dhs.wisconsin.gov/caregiver/statutes.htm>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as “Entities”):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client (“non-client resident”).
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin’s Fair Employment Law, Chapters 111.31 – 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services’ Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client’s property.

BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see [F-82064A](#).

Completion of this form is required under the provisions of Chapter 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT OR TYPE YOUR ANSWERS.

Check the box that applies to you.

- | | |
|---|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license or certification or registration (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises – but not a client
<input type="checkbox"/> Other – Specify: |
|---|---|

NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Legal Name – (First and Middle)	Legal Name – (Last)
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Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)

Any Other Names By Which You Have Been Known (Including Maiden Name)	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity (Check ONLY one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White	Social Security Number	
Home Address	City	State Zip Code

Business Name and Address – Employer or Care Provider (Entity)

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? If Yes , list each charge, when it occurred or the date of the charge, and the city and state where the court is located. You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

<p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? If Yes, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>SECTION B – OTHER REQUIRED INFORMATION</p>	<p>YES</p>	<p>NO</p>
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? If Yes, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? If Yes, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? If Yes, indicate the year of discharge: _____ Attach a copy of your DD214 if you were discharged within the last three (3) years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last three (3) years? If Yes, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? If Yes, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you had a caregiver background check done within the last four (4) years? If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p>	<input type="checkbox"/>	<input type="checkbox"/>

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<p>SIGNATURE</p>	<p>Date Signed</p>
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AFFIRMATIVE ACTION: VOLUNTARY SELF IDENTIFICATION FORM

I choose not to complete this form (please sign) _____

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Curtis-Universal Ambulance Inc. is an Equal Opportunity Employer. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____ Date _____

Referral Source:

Walk-in

Government Employment Agency

Private Employment Agency

Employee

Relative

School

Advertisement

Other _____

Name of person who referred you IF APPLICABLE _____

Applicant Information:

Name _____ Telephone # _____
Last First Middle

Address _____
Street City State Zip Code

Male

Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin)

Black (not of Hispanic origin)

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

I do not wish to self-identify (please sign) _____

Office Use Only

Position(s) applied for Available Not Available

Other position(s) considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers

Service Workers (ambulance staff)

Office/Clerical

Completed by (print) _____ Date _____



Driver Abstract Authorization Form/Driver Agreement

Employee Name: _____

Date of Birth: _____

D.L. Number: _____

D.L. Exp: _____

State Issued: _____

I hereby give permission for Curtis-Universal Ambulance Service and their agent to access my Motor Vehicle Record as necessary during my employment with the company. This permission will cease upon termination or written request.

Employee Signature: _____

OFFICE USE ONLY:

Date sent to agent: _____

Date decision received: _____

Decision: _____

If declined, list reason and surcharge if applicable:

Date HR notified: _____

To: _____

HR Signature: _____ Date: _____

Driver Agreement

Employee Name: _____

Date: _____

Please initial all of the following statements:

- _____ I will not talk on a cell phone while driving.
- _____ I will not text message or use social media sites while driving.
- _____ I will notify management if I am prescribed a legal narcotic. I understand that I cannot drive while I am taking that medication.
- _____ I will use a backer anytime that I am backing an ambulance.
- _____ I will not smoke in the ambulance as it is illegal.
- _____ I will use due regard while driving.
- _____ If I am in an accident, I will notify management immediately, even if it is a minor accident that does not involve another vehicle.
- _____ I will not drive more than 10 mph over the speed limit while driving emergent.
- _____ In posted school zones, I understand that I can only drive 25 mph, including emergent.
- _____ I will stop at all intersections and clear left, right, and left again before proceeding through the intersection while driving emergent.
- _____ I will visualize the drivers of other vehicles to verify that they see me proceeding through the intersection.
- _____ I will wear my seatbelt while driving and ensure that my passenger (attendant and/or patient) are wearing their seatbelt as well.
- _____ I understand that passing on the left is the only lane allowed while driving emergent.
- _____ I will drive with my headlights on at all times for safety.
- _____ I understand that my last drink of alcohol is eight (8) hours prior to the start of my shift, and if I am impaired in any way, I will notify management.
- _____ If I receive a traffic violation in my personal vehicle, I will notify Human Resources.

Employee Signature: _____

Date: _____

Management Signature: _____

Date: _____