



Stark County Ambulance Service
114 North Franklin Street
Toulon, Illinois 61483
(309) 286-7113

Volunteer EMT Application

We welcome you as an applicant to be a volunteer EMT. The Stark County Ambulance Service is committed to the policy that all persons have equal access to its programs, services, activities, facilities and employment without regard to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or status with regard to public assistance.

Please furnish us with complete information. An incomplete application may reduce your opportunity with the Stark County Ambulance Service. You are encouraged to attach any additional information which you believe qualifies you for the department. Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

PERSONAL INFORMATION

PLEASE PRINT IN INK OR USE A TYPEWRITER

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

HOME PHONE NUMBER _____

OTHER (Daytime) PHONE NUMBER _____

What is the best time to call you? _____

May we contact you at work? YES NO

Are you 18 years of age or over? YES NO

If NO, state date of birth _____

This position involves driving; indicate driver's license number _____ State _____ Class _____

Recommended By _____

EMPLOYMENT

Date available _____

Are you employed now? YES NO

Working hours FROM _____ a.m. or p.m. TO _____ a.m. or p.m.

When not working, I would be available for calls (check one) _____

25% 50% 75% 100%

Current Employer: _____ How long? _____

Have you previously applied with the Stark County Ambulance Service? _____ If YES, dates _____

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Grade School

1 2 3 4 5 6 7 8

High School

9 10 11 12 or GED

College

13 14 15 16

Post-Graduate

MA MS PHD LIB

Did you graduate from high school? Y N Name of School _____

SCHOOL College, University, Technical, Vocational, Business	Course of Study	# of years attended	Did you graduate	Degree Received
Name: _____ Location: _____				
Name: _____ Location: _____				
Name: _____ Location: _____				

List any relevant correspondence courses, special courses, or special training you have taken _____

List any EMS experience _____

List any other experience such as police, first aid, special aptitudes _____

How did you hear about the Stark County Ambulance Service? _____

CONVICTION INFORMATION

The existence of a criminal conviction record will not automatically disqualify you, though certain types of criminal convictions may prohibit you from working in certain positions.

Have you ever been convicted of a misdemeanor, a felony or other violation of law that has not been annulled, expunged, set aside, purged, sealed or dismissed?

YES _____ NO _____

If yes, please explain the nature of the charge and the circumstances: _____

For each conviction, give the date of the conviction and the city, county and state where convicted below:

Convicted of _____ in the City of _____,
the County of _____ the State of _____

Date of conviction _____

Convicted of _____ in the City of _____,
the County of _____ the State of _____

Date of conviction _____

Have you ever been known by another name or combination of names: Yes _____ No _____

Have you ever had a driving violation, DUI or DWI? Yes _____ No _____

If yes, date of incident: _____ City/County of occurrence: _____

READ and SIGN

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of volunteer status without notice. Moreover, I hereby release the Stark County Ambulance Service and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

*

Applicant's Signature

Date