



Traer Ambulance Service



649 Second Street
Traer, IA 50675
(319) 478-2084

NEW CREW MEMBER APPLICATION

(please type or print. complete all information)

FULL NAME _____

PRESENT ADDRESS _____

FORMER ADDRESS _____

TELEPHONE NUMBER HOME _____ MOBILE _____
WORK _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
DRIVERS LICENSE NUMBER _____

PLACE OF EMPLOYMENT _____

HAVE YOU HAD ANY FIRST AID OR EMERGENCY MEDICAL TRAINING? (CPR, FIRST AID, MILITARY, EMT, PARAMEDIC, LPN, RN, ETC.) EXPLAIN IN DETAIL, INCLUDING COURSE DATES.

WHY DO YOU WANT TO BE CONSIDERED AS A MEMBER OF THE TRAER AMBULANCE SERVICE?

DO YOU HAVE A CRIMINAL RECORD? YES NO
IF YES, PLEASE EXPLAIN



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HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE LAST 3 YEARS? YES NO
HAVE YOU EVER HAD YOUR DRIVERS LICENSE REVOKED? YES NO

IF YES, PLEASE EXPLAIN INCLUDING DATES

WHAT HOURS WILL YOU BE AVAILABLE FOR DUTY? (Shifts normally from 7 AM to 6 PM for days and 6 PM to 7 AM for nights)

DAYS

NIGHTS

WEEKENDS

IF YOU PLAN ON RESPONDING FROM YOUR PLACE OF EMPLOYMENT, PLEASE HAVE YOUR EMPLOYER SIGN BELOW THAT THEY ARE AWARE YOU MAY BE ON CALL DURING WORK.

NAME

ADDRESS

I HEREBY APPLY TO TRAER AMBULANCE SERVICE AND GIVE THEM PERMISSION TO CONDUCT A BACKGROUND CHECK AS A PART OF THIS APPLICATION AND PERIODICALLY IF ACCEPTED.

SIGNATURE

DATE

WE APPRECIATE YOUR INTEREST.

IF VOTED ON AS A MEMBER OF THE TRAER AMBULANCE SERVICE YOU WILL BE REQUIRED TO MEET THE CURRENT NEW MEMBER POLICY. FOLLOWING ACCEPTANCE, A COPY OF THE POLICY MANUAL, MONTHLY SCHEDULE, AND A LIST OF MEMBERS WILL BE PROVIDED TO YOU.

PLEASE NOTE: ALL APPLICATIONS WILL BE CONSIDERED. WE HAVE A SET NUMBER OF POSITIONS ON THE SCHEDULE AND A POSITION MAY NOT BE IMMEDIATELY AVAILABLE.

RETURN TO: TRAER AMBULANCE SERVICE, CITY HALL, OR ANY ACTIVE MEMBER