



# Tipton Ambulance Service



## Membership Application

We consider all applications for all positions without regard to race, religion, color, creed, sex, sexual orientation, gender identity, age, national origin, disability, pregnancy, genetic information or any other characteristic protected by local, state, or federal law.

**Last Name\*:** \_\_\_\_\_ **First Name\*:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Address\*:** \_\_\_\_\_

**Town\*:** \_\_\_\_\_

**Cell Phone\*:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Home:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth\*:** \_\_/\_\_/\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you eligible to work in the United States? ( ) Yes ( )

### EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Referred to Tipton Ambulance Service by (if applicable) :** \_\_\_\_\_

**Do you have a driver's license?** Yes No

**D/L#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor (including traffic citations):** ( ) Yes ( ) No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

\_\_\_\_\_  
\_\_\_\_\_



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**Have been convicted for any of the following:**

Distribution of a controlled Substance	Yes	No
Elderly/ Dependent Abuse	Yes	No
OWI/ DUI	Yes	No
Possession of Illicit Drugs	Yes	No
Sexual Assault/ Abuse	Yes	No
Theft	Yes	No

If yes to any of the above, please explain below. Please provides date, details of offense(s) charged, jurisdiction and disposition of case:

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**Have you ever had a license or certification revoked, suspended or placed on probation by a government body (driver's license, medical certification, ect.)**

**If yes, please explain:** Yes No

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**Are you able to complete the following essential functions required for members of Tipton Ambulance Service with or without an accommodation: (See Attached)**

**Yes    No**

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**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please provide at least five years of your past work experience or your past four jobs (whichever is more). You may exclude any activities which indicate race, religion, color, creed, sex, sexual orientation, gender identity, age, national origin, disability, pregnancy, genetic information or any other characteristic protected by local, state, or federal law.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments:

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Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments:

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Reason for Leaving: \_\_\_\_\_



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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments:

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Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments:

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Please provide information for any of the following certifications which you may possess:

COURSE	DATE	EXP.	COURSE	DATE	EXP
EMR			CPR		
EMT			ACLS		
AEMT			PALS		
PARAMEDIC			BLS INSTRUCTOR		
CCP			PHTLS		
RN			AMLS		
FF1			HAZMAT		

### REFERENCES

Please provide the information of 3 people in the provided space below with knowledge of your professional ability for which you are applying:

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Acquainted: \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How Acquainted: \_\_\_\_\_



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I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize the City of Tipton, or its agents to investigate any statement contained in this application, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If acceptance is granted under this application, I do understand and agree to comply with all the rules and regulations, which includes but not limited to the By-Laws and Operational Guidelines of the Tipton Ambulance Service. I further agree to submit to a physical examination by a licensed physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If a minor, parent/guardian signature required)

I, \_\_\_\_\_ hereby authorize the City of Tipton and/ or its agents to make investigation of my background, references, character, past employment, driving and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A copy of this consent shall be considered as valid as the original consent. With regard to foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the City of Tipton and/ or its agents with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omissions, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should falsifications or misrepresentations be dissolved after I am employed.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



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## Membership Application

**DO NOT WRITE BELOW THIS LINE**

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Name of Applicant/ Employee: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Interviewed by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Application reviewed by: Director    Police/ Investigator    Application Committee

Date accepted as member: \_\_\_\_\_ Membership Type (initial): \_\_\_\_\_

Membership information provided to: Scheduling Officer    Training Officer    Secretary

Date resigned/terminated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did member resign in good standing:    Yes    No    If no, please provide documentation.

- Removal from IDPH state roster
- Equipment returned
- Building clearance removed
- PCR charting software locked out
- Send final paperwork/ payment