



LIMON AMBULANCE SERVICE

110 A AVENUE • PO BOX 374 • LIMON, CO 80828
(719) 775-2256 • (719) 775-9291 Fax



MEMBERSHIP APPLICATION

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please **PRINT** clearly.
- Proof of a valid Drivers License is required to drive motor vehicles, please provide a photocopy.
- Background Checks and Driver history required, and rechecked annually.
- Limon Ambulance Service is a **VOLUTEER** based organization.

APPLICANT INFORMATION					
Last Name:		First:		M.I.:	Date:
Address			PO Box:		Unit / Apt #:
City:		State:		Zip Code:	County:
Phone:		Cell Ph.:		Work Ph.:	
D.O.B.:		Social Security No.:		Drivers License No.:	
Emergency Contact:			Relationship:		Phone:
Address:			Cell Ph.:		Work Ph.:
Are you a citizen of the Unites States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	
Have you ever been charged with a DUI/DWI?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Do you consent to a Driver history & Background check?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, why? Initial:
Would you consent to a Drug Test?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, why? Initial:

EDUCATION / TRAINING					
High School:			Address		
From:	To:	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	Degree:
Trade School:			Address		
From:	To:	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	Degree:
College:			Address		
From:	To:	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	Degree:
Other:			Address		
From:	To:	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	Degree:
Emergency Medical Training:			Address:		
EMS Agency:			Address:		
From:	To:	Did you graduate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	Certificate:
EMT-Basic <input type="checkbox"/>	EMT-I.V. <input type="checkbox"/>	EMT- Intermediate <input type="checkbox"/>	Paramedic _____ <input type="checkbox"/>	Fire 1 st Responder <input type="checkbox"/>	EMS 1 st Responder <input type="checkbox"/>
<input type="checkbox"/> National Registry Number:			<input type="checkbox"/> State Registry Number:		

MILITARY SERVICE		THANK YOU FOR YOUR SERVICE			
Branch:		Stationed at:		From:	To:
Rank at Discharge:			Type of Discharge:		
Training:					

REFERENCES		<i>Please list three Professional references.</i>	
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:			
Full Name:	Relationship:		
Company:	Phone:		
Address:			

EMPLOYMENT HISTORY				<i>Please list at least three years of employment history, current employer first.</i>			
Current Employer:				Phone:			
Address:				Supervisor:			
Job Title:		From:		To:			
Responsibilities:							
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Previous Employer:				Phone:			
Address:				Supervisor:			
Job Title:		From:		To:			
Responsibilities:							
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for leaving:			
Previous Employer:				Phone:			
Address:				Supervisor:			
Job Title:		From:		To:			
Responsibilities:							
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for leaving:			
Previous Employer:				Phone:			
Address:				Supervisor:			
Job Title:		From:		To:			
Responsibilities:							
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for leaving:			

DISCLAIMER AND SIGNATURE	
<p>I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if Limon Ambulance Service at any time learns of falsification or material omission in the information provided on this application form and related documents. Limon Ambulance Service may contact my former employer in connection with the consideration of my membership with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Limon Ambulance Service, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.</p> <p>I agree that I will follow all policies, rules, procedures, and all other directions pertaining to my membership. I understand that Limon Ambulance Service, an Enterprise of the Town of Limon reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.</p>	
Signature:	Date:
NO CONSIDERATION OF MEMBERSHIP WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.	
Thank you for showing an interest in Limon Ambulance Service.	