



LIMON AMBULANCE SERVICE

110 A AVENUE • PO Box 374 • LIMON, CO 80828

(719) 775-2256 • (719)775-9291

Rhandley1@aol.com

MEMBERSHIP APPLICATION



- All information obtained within this application will be help in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign last page.
- Please **PRINT** clearly.
- Proof of a valid Driver's License is required to drive motor vehicles, please provide a photocopy of both sides.
- Background checks and driver's history required, and rechecked annually.
- The Limon Ambulance Service is a community-based EMS agency.

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Address:		PO Box:	Unit / Apt #:
City:	State:	Zip Code:	Country:
Phone:	Cell Ph.:	Work Ph.:	
D.O.B.:	Social Security No.:	Driver's License No.:	
E-Mail Address:		State Driver's License Issued:	
Emergency Contact:		Relationship:	Phone:
Address:		Cell Ph.:	Work Ph.:
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO , do you have proof authorization from the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this organization before?	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 DUI / DWI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES , when?	
Do you consent to a Background check & Drivers History?	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 / GED:		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	EMT I.V.	EMT-Intermediate	Paramedic Fire 1 st Responder EMS 1 st Responder
National Registry No.:		State Certification:	State:

MILITARY SERVICE			
<i>THANK YOU FOR YOUR SERVICE!</i>			
Branch:	Last 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 (3) years of employment history, current employer first.</i>			
Current Employer:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
May we contact your current employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Current Employer:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
May we contact your current employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Reason for leaving:	
Current Employer:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
May we contact your current employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Reason for leaving:	
Current Employer:		Phone:	
Address:		Supervisor:	
Job Title:	From:	To:	
Responsibilities:			
May we contact your current employer 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 to the best of my knowledge and may be verified. 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 documentation. Limon Ambulance Service may contact my former employer(s) in connection with the consideration of my membership with them. All references are hereby authorized to release all information which may be relevant to my employment with them. I hereby release Limon Ambulance Service, its' affiliates, successors, 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 polices, rules, procedures and all other directions pertaining to my membership. I understand that Limon Ambulance Service, a Department 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 your interest in the Limon Ambulance Service.	