



Employment Application

Once completed, please submit to joinus@lodiems.com
or return it to the Lodi Area EMS station.

Dear Applicant,

Thank you for considering applying to work with Lodi Area Emergency Medical Services. For your reference and convenience, a Checklist of Information, including application questions, procedures, and requirements, is included.

Employment as an EMR, EMT or Advanced EMT with Lodi Area EMS is probably very different from any employment you have ever had. Working as a patient care provider with Lodi Area EMS takes a significant amount of time, requires uncommon dedication, and can involve significant emotional stress. We urge you to consider your application very carefully.

The decision to join Lodi Area EMS is not one that should be taken lightly. If you have a family, involve them in the process and the decision. EMS is a job unlike any other. Our providers are professionals and are called upon during someone's worst moments. There is no better feeling or reward than helping them during that time. Lodi Area EMS prides itself on providing advanced clinical pre-hospital care.

If you need to take a class the length varies depending on the level of practice you wish to obtain. The following is breakdown of the time commitment:

- Emergency Medical Responder: 72 Hours
- Emergency Medical Technician: 180 hours, with additional clinical rotations
- Advanced Emergency Medical Technician: 180 Hours (Must have EMT certification to enroll)

We recommend that you include a visit to our station and a ride-along as part of your consideration in joining Lodi Area EMS. We encourage you to meet our members, look at our emergency medical equipment, and explore our fleet and facility. You can learn about the history and present operations of Lodi Area EMS on line at www.lodiems.com.

Applications are considered active for 90 days from the date of their receipt by Lodi Area EMS. For us to act on your application, you must submit all the required documents.

Please do not hesitate to contact us if we can be of any assistance to you with your application. Thank you for your interest in Lodi Area EMS. We look forward to receiving your application.

Sincerely,

A handwritten signature in black ink, appearing to read 'RSchafer', written over a horizontal line.

Russ Schafer

What does it take to be an applicant?

To be considered an applicant with Lodi Area EMS, **all of the following** must be submitted:

Completed and signed application. (*Incomplete applications will not be considered.*) We will give you a link to a reference form and instructions. Use persons for references that you have known at least one year. Do not use family members. You may use only one Lodi Area EMS member as a reference.

Signed Statement of Commitment (if you are not an EMT)

Current copy of your immunization record (can be produced upon hire)

Completed and signed Communicable Disease Health History, Immunization Record, & Medical History (upon hire)

Photocopy of your driver's license and CPR card as well as your Wisconsin EMR, EMT or AEMT certification and National Registry EMT certification if available at time of submission. (These can be obtained at the time of interview)

Copies of any other current Fire/Rescue certifications you possess (These can be obtained at the time of interview).

Please do not apply if--

- You are not at least 18 years old
- You have a felony conviction
- You have no desire to take an EMR or EMT course.
- You are unable to meet the time commitment requirement



Lodi Area Emergency Medical Services
 715 N Main St
 Lodi, WI 53555

Employment Application

Lodi Area Emergency Medical Services does not discriminate against otherwise qualified applicants based on race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

1. Personal Information

Full Name	18 years of age or older?
Local Address	
Permanent Address	
E-mail Address	Primary Phone Number (Indicate Home, Cell)

2. Emergency Contact Information

Full Name	Relationship to You
E-mail Address	Primary Phone Number (Indicate Home, Cell)

3.1 Education

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, _____ / _____ (month/year) If no, _____ (highest grade)	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
		GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Location of high school (City, State)		
List any colleges, universities, or technical schools attended		
Name	City, State	Major
		Degree Type

3.2 Education Supplement (for current students only)

Name of School	Major	Concentration	Expected Date of Graduation
What are your post-graduation plans?		What are your summer plans?	

4. EMS Certification

EMT Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level	WI Certification Number	Expiration Date	NR Certification Number	Expiration Date
List any Fire/Rescue certifications or skills you currently possess					
Position you are applying for					

5. Driving Record

License? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Number	Have your license been suspended or revoked? <input type="checkbox"/> Yes (<i>Explain under Item 10</i>) <input type="checkbox"/> No
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6. Criminal Background/History

Have you ever been charged or convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes (<i>Explain under Item 10, Include Offense, Date, and Location</i>) <input type="checkbox"/> No
Are you under indictment or do you have charges pending in any court for any crime? <input type="checkbox"/> Yes (<i>Explain under Item 10, Include Offense, Date, and Location</i>) <input type="checkbox"/> No
Are you subject restraining order you from harassing, stalking, or threatening an intimate partner or child of such partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking any medication that could impair your judgment in a stressful situation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Employment History (Begin with most recent, Include military service)

1. Employer & Address	Date of Employment From To	Position	Supervisor	Telephone
Duties		Reason for Leaving		
2. Employer & Address	Date of Employment From To	Position	Supervisor	Telephone
Duties		Reason for Leaving		
3. Employer & Address	Date of Employment From To	Position	Supervisor	Telephone
Duties		Reason for Leaving		
Use Item 10 to describe additional work experience(s) and/or explain any gaps in work history.				
Have you ever been discharged, resigned from a job (including a volunteer Fire/Rescue agency), or asked to resign to avoid termination? <input type="checkbox"/> Yes (<i>Explain under Item 10</i>) <input type="checkbox"/> No				

8. Short Essay (less than 300 words)

Indicate why you wish to join Lodi Area EMS

9. Use the following space to answer questions in previous sections of the application

Section #	Statement

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Lodi Area Emergency Medical Services, and its Officers to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers and past employers, and current or former fire and rescue agencies, and to rely on and use such information as they see fit. I hereby release the Lodi Area Emergency Medical Services., its Chief, its Officers, and assigns from all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Lodi Area Emergency Medical Services.

I understand that, if granted employment, falsified statements of any kind or omissions of facts called for on this application, regardless of time of discovery, shall be considered sufficient basis for dismissal.

I understand that should an offer of employment be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of the service. I further understand, however, that neither the policies, rules, regulations of employment nor anything said during the application and interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any employment is for an indefinite duration and is at-will and that either I or the service may terminate my employment at any time with or without notice or cause.

I understand that if I am offered employment, employment is conditioned upon my providing such other and further information as may be required by the Chief of EMS, delegate, or the Lodi Area EMS Commission.

Signature of Applicant: _____

Printed Name: _____

Date: _____

**This application is valid for 90 days from the date received.
If not acted upon within 90 days, you must submit an updated application.**