



# Application For Employment

PO Box 462  
Fergus Falls, MN 56538  
218-736-2819

PO Box 778  
Jamestown, ND 58402  
701-251-2273

**Fergus Falls, MN • Pelican Rapids, MN  
Jamestown, ND • Lisbon, ND**

PLEASE PRINT:

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

NAME: \_\_\_\_\_  
Last First Middle Initial

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ ( ) \_\_\_\_\_  
No. Street City State Zip Telephone Number

POSITION APPLIED FOR: 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

Are you authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date you are available for employment? \_\_\_\_\_ Do you desire Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Temp? \_\_\_\_\_

What hours are you available? \_\_\_\_\_ Have you worked here before? \_\_\_\_\_ When? \_\_\_\_\_

**WORK HISTORY/BACKGROUND** (Begin with most recent employer)

DATES		NAME AND ADDRESS OF EMPLOYER		RATE OF PAY
FROM		Name & Title of Supervisor		Starting Wage
		Your Position		Leaving Wage
TO		FT or PT		

Describe in detail your duties

Reason for leaving

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**U.S. MILITARY SERVICE**

Have you ever served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

Rank at discharge: \_\_\_\_\_ Type of work in service: \_\_\_\_\_

Service schools attended: \_\_\_\_\_

REGISTERED AS: \_\_\_\_\_

Current Registration Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

High School NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA?
_____			
_____			

If no diploma, have you passed the GED exam? \_\_\_\_\_ Date \_\_\_\_\_

Voc. or Tech School NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DIPLOMA OR CERT?
_____			
_____			

College/University NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE?
_____			
_____			

Other NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE OR CERT?
_____			
_____			

If you have plans for further education, explain: \_\_\_\_\_

**SKILLS & QUALIFICATIONS** (Acquired through volunteer or previous employment)

Please list any special skills & qualifications that you would like us to consider for employment: \_\_\_\_\_

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

**REFERENCES** (Exclude relatives and former employers)

NAME	ADDRESS	TEL. NO.	OCCUPATION	YEARS KNOWN
1.				
2.				

**MISCELLANEOUS**

Have you ever been convicted of a crime? (excluding misdemeanors and summary offenses) \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (NOTE: The existence of a criminal record does not automatically prevent employment.)

If yes, describe in full \_\_\_\_\_

In case of an **ACCIDENT/EMERGENCY** NOTIFY:

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

**AGREEMENT**

I hereby authorize investigation of all statements contained in this application and understand that any misrepresentation may be cause for rejection of this application or dismissal after employment. Additionally, I understand that nothing in this application form, or any other Ringdahl Ambulance policy/procedure/handbook shall constitute any type of employment contract. If employment occurs, I understand that I have the right to terminate for any reason or no reason and acknowledge that Ringdahl Ambulance retains the same right. If a conditional offer of employment is made, employment is contingent upon satisfactory completion of all pre-employment procedures including reference checks and physical examination.

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

(Do not write below.)

Date of interview: \_\_\_\_\_

Date & time position was offered: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Interviewer's comments: \_\_\_\_\_

Recommended action: Hire \_\_\_\_\_; Do not hire \_\_\_\_\_; Hold \_\_\_\_\_; Reason for hold: \_\_\_\_\_

Discussed: Hours: \_\_\_\_\_ to \_\_\_\_\_; Days: \_\_\_\_\_ Weekends: \_\_\_\_\_

Starting date: \_\_\_\_\_ Salary: \_\_\_\_\_ Hours per pay period: \_\_\_\_\_

Job classification: \_\_\_\_\_

Exempt; \_\_\_\_\_ Non-exempt; \_\_\_\_\_ FT; \_\_\_\_\_ PT; \_\_\_\_\_ Temp; \_\_\_\_\_

American Heart CPR \_\_\_\_\_ exp. date \_\_\_\_\_

National Reg. Number \_\_\_\_\_ exp. date \_\_\_\_\_

MN EMSRB Number \_\_\_\_\_ exp. date \_\_\_\_\_