



### Record of Law Enforcement Convictions

Have you ever been convicted of any violations of local or County Ordinances, State or Federal laws, including traffic violations?

YES       NO      (If yes, list circumstance below)

Responses will not exclude you from consideration of employment. Disclosure is required prior to obtaining an Emergency Medical Technician license from the State of Wisconsin and being authorized to drive an emergency vehicle.

Date	Municipality/County/State	Law / Ordinance Violated	Disposition (Convicted, bail forfeited, fined etc.)

### Work Experience

Beginning with your present or most recent job, list your last three employers.	
Name of Company:	Supervisor(s) Name and Phone Number:
Full address (Number, Street, City, State, Zip):	
Dates of Employment: Start (mo/yr):                      End (mo/yr):	Job Title:
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full address (Number, Street, City, State, Zip):	
Dates of Employment: Start (mo/yr):                      End (mo/yr):	Job Title:
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full address (Number, Street, City, State, Zip):	
Dates of Employment: Start (mo/yr):                      End (mo/yr):	Job Title:
Reason for leaving:	

## Personal References

Do not list family members or supervisors named above	
Name (Last, First):	Occupation:
Address:	Phone Number:
How long have you known this person?	
Name (Last, First):	Occupation:
Address:	Phone Number:
How long have you known this person?	
Name (Last, First):	Occupation:
Address:	Phone Number:
How long have you known this person?	

### ALL APPLICANTS MUST MAKE THIS CERTIFICATION

I certify that all information provided by me in this application is true and correct to the best of my knowledge. I understand and acknowledge that false statements, omissions, or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return application and Authorization for Background Check to:

Waunakee Area EMS  
PO Box 33  
201 N. Klein Dr.  
Waunakee, WI 53597

Or scan and email to: [waems@waems.net](mailto:waems@waems.net)

