



Tama Ambulance Service
305 Siegel Street
Tama, Iowa 52339
641-484-2425

Date: _____

Name: _____

Address: _____

Date of Birth: ___/___/___ SSN: ___/___/___

Driver's License: Number _____ Expiration Year: _____

Cell Phone: _____ Home Phone: _____

Cell Phone Carrier: _____

Email Address: _____

Preferred method of contact: ___ Call ___ Text ___ Email

Are you available ___ Nights ___ Weekends ___ Holidays _____

List day/hours/times available:

Current Employer:

Name: _____ Contact number: _____

Dates employed: _____ Position: _____

Can we contact this employer? ___ Yes ___ No

If employed 3 years or less, please fill out information for previous employer:

Name: _____ Contact number: _____

Dates employed: _____ Position: _____

Can we contact this employer? ___ Yes ___ No

Reason for leaving:

List at least 3 professional references, exclude family members:

1. Name _____ Phone Number: _____

2. Name _____ Phone Number: _____

3. Name _____ Phone Number: _____



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Do you know anyone who is currently on the service? Yes No

If so, who: _____

Have you ever been convicted of a crime? _____

If yes, list details here:

Position Applied for: Driver Attendant EMT/AEMT/Paramedic (Check all applicable)

List any current certifications or any hospital or EMS experience relative to position applied for:

Are you currently certified in CPR or First Aid? Yes No.

CPR certification is required upon approval of membership, are you willing to attend a CPR class?

Yes No

If applying for driver position, are you interested in becoming an EMT? Yes No

Are you willing to attend in the back? Yes No

I certify that the answers provided are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and any check into my personal background and driving record as may be deemed necessary in arriving at an employment decision. I understand this application is not a contract for employment and in the event of employment, giving false or misleading information in my application or interview may result in my discharge. I also agree to abide by the rules, regulations, and Bylaws of the Tama Ambulance Service and the City of Tama.

Applicant Signature: _____