

**PIPESTONE AMBULANCE ASSOCIATION  
MEMBERSHIP APPLICATION**

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

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DL #: \_\_\_\_\_ STATE: \_\_\_\_\_

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**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ DIPLOMA/GED

**SECONDARY EDUCATION:**

COLLEGE/TECH SCHOOL: \_\_\_\_\_

DIPLOMA/DEGREE: \_\_\_\_\_

COLLEGE/TECH SCHOOL: \_\_\_\_\_

DIPLOMA/DEGREE: \_\_\_\_\_

**EMERGENCY/MEDICAL EXPERIENCE:** \_\_\_\_\_

**CURRENT CERTIFICATIONS/TRAINING (CPR, FIRST AID, EMT, PARAMEDIC, ACLS, ETC.):**

CERTIFICATION: \_\_\_\_\_ CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_ CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_ CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

I HAVE READ THE ENCLOSED JOB DESCRIPTION. I AM ABLE TO PERFORM ALL DUTIES WITH OR WITHOUT REASONABLE ACCOMODATIONS. \_\_\_\_ YES \_\_\_\_ NO IF NO, WHAT ACCOMODATIONS ARE NEEDED? \_\_\_\_\_

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**WORK EXPERIENCE (PLEASE LIST CURRENT FIRST):**

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT FOR A REFERENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

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EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT FOR A REFERENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

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EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

MAY WE CONTACT FOR A REFERENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

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THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF MEMBERSHIP IS APPROVED, I WILL AGREE TO COMPLY AND ABIDE WITH THE RULES AND REGULATIONS OF THE PIPESTONE AMBULANCE ASSOCIATION. I ALSO AGREE TO HAVE MY DRIVERS LICENSE RECORD CHECKED AND ON FILE WITH THE PIPESTONE AMBULANCE ASSOCIATION FOR THE PAST 5 YEARS FOR THE PURPOSE OF INSURANCE COVERAGE.

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APPLICANT'S SIGNATURE

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DATE

BOARD ACTION: \_\_\_\_\_ DATE INTERVIEWED: \_\_\_\_\_

BYLAWS RECEIVED: \_\_\_\_\_

SHIFT PREFERENCE: \_\_\_\_\_ DAYS: \_\_\_\_\_ NIGHTS: \_\_\_\_\_

SHIFT ASSIGNED: \_\_\_\_\_