

## Brooklyn EMS Department Application – Part-Time

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### Contact Information

Name		
Street Address (Apt number)		
City, ST, ZIP Code		
Telephone Number		
E-Mail Address		
Date of Birth		
Social Security Number		
Driver License Number	Expiration:	
Employment Desired	Full-Time	Part Time

### Employment (List most recent or current first)

Are you currently employed	YES	NO
May we contact your workplace for a reference?	YES	NO
Name of Employer		
Street Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		

### Past Employment

Name of Employer		
Street Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		

### Past Employment

Name of Employer		
Street Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		

<b>Education</b>			
<b>High School</b>			Year graduated
<b>College</b>			Year(s) attended
<b>Degree</b>			
<b>CPR Certified</b>	YES	NO	Expires
<b>EMT Basic/IV Tech</b>	YES	NO	Expires
<b>EVOC</b>	YES	NO	Year of initial course
<b>Other</b>			

### Reference 1

Full Name

Contact  
Information

### Reference 2

Full Name

Contact  
Information

### Reference 3

Full Name

Contact  
Information

### Agreement and Signature

By submitting this application, I affirm to the Brooklyn EMS that the facts set forth in it are true and complete. In applying for the position of EMT, consent to and authorize release and disclosure of information relative to identity, driving records, criminal records, and/or work records that are pertinent to my acceptance as a member of the Brooklyn EMS and my ability to serve as a licensed Emergency Medical Technician.

<b>Name (printed)</b>	
<b>Signature (NA if electronic)</b>	
<b>Date</b>	

### Our Policy

Membership in the Brooklyn EMS is based on the acceptance and approval of a prospective member by the Executive Board of Service. The Board reserves the right to accept or reject any application for membership. If approved by the Executive Board, then the membership will vote on final approval or rejection. Any false statements, omissions, or other misrepresentations made on this application may result in the immediate dismissal of the prospective member.

Thank you for completing this application form and for your interest in applying with Brooklyn EMS.

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For Executive Board use only:     **ACCEPTED**   YES     NO  
   **DENIED**    YES     NO

Reason for denial:

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**Return application to: Director of Brooklyn EMS  
401 W. Main Street  
P.O. Box 250  
Brooklyn, WI 53521**