



Curtis Universal, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.



Application for Employment

Name: _____

Last
First
Middle

Address: _____

Street
City
State
ZIP Code

Phone Number: _____ Other Phone Number: _____

E-mail Address: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Wisconsin EMT License Number _____ NREMT Number: _____

Are you over the age of 18? Yes No Are you legally eligible to work in the US? Yes No

Position Desired: _____ Date Available To Start: _____

Type of Employment Desired: Full-Time Part-Time Desired Hourly Rate of Pay: _____

Which location are you applying for? Milwaukee Madison Racine/Walworth County (Medix)

Have you been in the armed forces? Yes No If "Yes", which branch? _____

Current Status: _____ Discharge Date: _____ Discharge Status: _____

Employment History

Starting with your most recent, please provide the following information of your current/past employers.

Employer	Length of Employment		Job Responsibilities
	Began	Ended	
Address	Phone Number		
Starting Job Title & Ending Job Title	Starting Hourly Rate or Salary		
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary		
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Length of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Ending Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Length of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Ending Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education/Training

School Attended (City/State)	Years Attended	Degree or Diploma	GPA	Major	Minor
High School					
College					
Other					

Current Certifications & Expirations

Certification Type	Certification Agency	Number	Expiration Date
CPR			
ACLS			
PALS/PEPP			
GEMS			
PHTLS			
EVOC/CEVO			
Other			

APPLICANT STATEMENT - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Curtis Universal Ambulance Service, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Curtis Universal Ambulance Service, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Curtis Universal Ambulance Service, Inc. May end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Also a criminal background check and caregiver background check will be completed at time of hire and every 2 years (or as deemed needed) of continued employment after that. Those records will be on file in the Human Resources Directors office and are available for review.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Name _____

Applicant Signature _____ Date _____

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration (including continuation or renewal) Other – Specify: _____

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? Yes No
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? Yes No
If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
3. **IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.
- If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**
- Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? Yes No
If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

- | | | |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?
If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?
If Yes, explain, including when and where it happened and the reason.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
If Yes, indicate the year of discharge: _____
Attach a copy of your DD214, if you were discharged within the last three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?
If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted

AFFIRMATIVE ACTION: VOLUNTARY SELF IDENTIFICATION FORM

I choose not to complete this form (please sign) _____

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Curtis-Universal Ambulance Inc. is an Equal Opportunity Employer. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____ Date _____

Referral Source:

Walk-in

Government Employment Agency

Private Employment Agency

Employee

Relative

School

Advertisement

Other _____

Name of person who referred you IF APPLICABLE _____

Applicant Information:

Name _____ Telephone # _____
Last First Middle

Address _____
Street City State Zip Code

Male

Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin)

Black (not of Hispanic origin)

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

I do not wish to self-identify (please sign) _____

Office Use Only

Position(s) applied for Available Not Available

Other position(s) considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers

Service Workers (ambulance staff)

Office/Clerical

Completed by (print) _____ Date _____



Driver Abstract Authorization Form

Applicant Name: _____

Date of Birth: _____

Driver's License: _____

Expiration Date: _____ State: _____

I hereby give permission for Curtis Universal, Inc. and their agent to access my Motor Vehicle Record as necessary during my application process and throughout my potetial employment with the company. This permission will cease upon termination or written request.

Signature: _____ Date: _____

Office Use Only:

Date sent to agent: _____

Date received: _____

Decision: _____

If declined list reason and surcharge if applicable:

Date notified management: _____

To: _____

HR Signature: _____ Date: _____