



**APPLICATION FOR MEMBERSHIP
SHELDON COMMUNITY AMBULANCE TEAM**

Please Print

Date of Application: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City, State, Zip Code: _____

Telephone Number(s): _____ Social Security Number _____

Email Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments or volunteer activities.

Employer: _____ Dates Employed: _____

Address: _____

Telephone Number: _____

Job Title: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Dates Employed: _____

Address: _____

Telephone Number: _____

Job Title: _____

Work Performed: _____

Reason for Leaving: _____

EDUCATION

High School

Name: _____ Years Completed: _____

Address: _____ Diploma: _____

College

Name: _____ Years Completed: _____

Address: _____ Degree(s): _____

Course of Study: _____

Other

Name: _____ Years Completed: _____

Address: _____

Diploma/Degree: _____

Course of Study: _____

ADDITIONAL INFORMATION

List any training you have received in First Aid, CPR, or other related medical training:

Date Completed: _____

Date Completed: _____

Date Completed: _____

Other Qualifications:

Summarize any other skills or experiences, which may be of value to an ambulance team.

REFERENCES:

List three references that are not related to you and are not previous supervisors.

1) Name & Address: _____

Telephone Number: _____ Years Known: _____

2) Name & Address: _____

Telephone Number: _____ Years Known: _____

3) Name & Address: _____

Telephone Number: _____ Years Known: _____

Do you agree to take a post-offer assessment as required? **Yes** **No**

Do you consent to a driver's license check to verify your driving record? **Yes** **No**

Are you now or has an automobile insurance company rated you in the past as a sub-standard risk? **Yes** **No**

If yes, explain _____

Have you ever been convicted of a crime in this state or any other state? **Yes** **No**

If yes, explain _____

Do you agree to complete the EMT-B course within a year of this application? **Yes** **No**

Do you agree, that in addition to your duty time, you will attend regular meetings, drills, and training sessions required to properly maintain an efficient ambulance service? **Yes** **No**

I hereby agree to abide by SCAT's constitution, by-laws, and rules, and to adhere to the city, county, state, and federal laws and ordinances, which govern the operation of this ambulance service. The information provided is true to the best of my knowledge.

Signature of Applicant

Date

The Sheldon Community Ambulance Membership Committee has approved the above named applicant.

Training Officer--Membership Committee Chairperson

Date

The Sheldon Community Ambulance Team has approved the above named applicant.

Ambulance Director

Date

The Sheldon City Council has approved the above named applicant for membership with the Sheldon Community Ambulance Team.

City Clerk

Date

CONSENT

I acknowledge that I have made application for membership to the Sheldon Community Ambulance Team (SCAT). I hereby consent to have the City of Sheldon request a transcript of my driving record from the Iowa Department of Transportation. I consent to have the transcript of my driving record attached to my application for determination of membership by the City of Sheldon. **ATTACHED IS A COPY OF MY CURRENT DRIVER'S LICENSE.**

Full Name: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____

Signature: _____

Date: _____