



**MASCOUTAH EMS**  
# 3 WEST MAIN STREET  
MASCOUTAH, IL. 62258  
618-566-2978 EXT. 115  
618-566-4262 (FAX)



Dear Applicant,

All application packets must be either mailed or dropped off in person at City Hall. We will not accept faxed or emailed applications.

A copy of the following items are required if you are applying for a position in the EMS division.

**EMT-P**

- Illinois State EMT-P license
- Advanced Cardiac Life Support (ACLS) certification
- International Trauma Life Support (ITLS) certification
- Healthcare provider CPR certification
- Pediatric Advanced Life Support (PALS) certification

**EMT-B**

- Illinois State EMT-B license
- Healthcare provider CPR certification

**All applicants must submit the following:**

- Employment application
- Resume
- Authorization for release of information form
- Driver's license
- Southwestern Illinois EMS System Application for credentialing form

All applications will be kept of file for one year from the date that it is received.



**City of Mascoutah**  
 EMS Division  
 3 West Main Street  
 Mascoutah, IL 62258-2030  
 (618) 566-2978 x115; Fax: (618) 566-4262



Application For  
Employment

Equal  
Opportunity  
Employer

<b>Personal Information:</b>		<b>DOB:</b>	<b>DL #</b>	<b>Date:</b>
Name (Last Name First)		Social Security No.      —      —		
Present Address		City	State	Zip Code
Email:				
Phone No.      (      )	(      )	Referred By		

**Employment Desired**

Position	Date You Can Start	Salary Desired
Are You Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we inquire of your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by the City of Mascoutah? If so, what position?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**Education History**

Name & Location of School	Year Attended	Did you graduate?	Subjects Studied
High School			
College			
Trade, business or Correspondence School			

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.	
U.S. Military Service	Rank

**Former Employers (List last four employers; start with your present or last employer.)**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Phone Number</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				
<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Phone Number</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				
<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Phone Number</b>		<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			
<b>Reason for Leaving</b>				

**References** Give below the names of three persons not related to you, whom you have known at least one year.

<b>Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Business</b>

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

By signing this application I am giving my consent for a pre-employment drug screening test and criminal background check (excluding expunged juvenile records).

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

# MASCOUTAH DEPARTMENT OF PUBLIC SAFETY

## AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name
Date of Birth	Social Security Number	Date Application Submitted

I, \_\_\_\_\_ (print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to initial employment by the City of Mascoutah.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Coast Guard, the Marine Corps, all Federal, State, or local government agencies, credit bureaus, school and universities, hospitals and medical personnel to furnish the Mascoutah Police Department, with any and all available information regarding my past or present performance, conduct or behavior. In addition, I authorize the Mascoutah Police Department to conduct a complete and thorough criminal history inquiry on me through all means available to the agency. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Mascoutah Police Department in order for the information to be evaluated to assist in the determination of my suitability for the position for which I am applying.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Mascoutah Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit, criminal history, or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the Mascoutah Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person(s) to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo static or XEROX copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address, City, State, and zip code of Applicant: \_\_\_\_\_

\_\_\_\_\_

# Southwestern Illinois EMS System Application for Credentialing

EMS Agency: Primary \_\_\_\_\_  
Secondary \_\_\_\_\_

Provider Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Certification level: \_\_\_\_\_  
License Number Expiration Date

CPR for Healthcare Provider Expiration: \_\_\_\_\_  
ACLS Expiration: \_\_\_\_\_  
ITLS Expiration: \_\_\_\_\_  
PALS Expiration: \_\_\_\_\_

Attach copies of all certifications and Illinois license.

\_\_\_\_\_  
Candidate Signature Date

For Office Use Only:

Written SOG Exam Results \_\_\_\_\_

Completion of Five Acceptable Runs if from outside Region IV Yes/No

Approved for Credentialing Yes/No

Providing false, inaccurate, or misleading information shall be immediate grounds for termination and/or suspension from the EMS System.