

Dear Employer,

Your employee is applying to become a member of the Primghar Ambulance Team. With enough members and with some who can respond during working hours, there is seldom a need to ask an employee to leave their job. However, that need may arise. The PAT would like your support of the community by allowing your employee to be on call during working hours. If you cannot allow your employee to be on call, please allow his or her absence during a multiple casualty disaster.

Would you approve this applicant to be on ambulance call during your business hours? This would be kept to a minimum.

Yes No

Signature of Employer: _____ Date: _____

APPLICANT'S ASSURANCES

I agree to complete the course I enroll in within one year of this application.

I agree to attend the ambulance meetings and training sessions to remain certified and competent.

As a member of the Primghar Ambulance Team., I agree to abide by the City Ordinances and Bylaws governing the operation of this service. I also agree to repay the City the enrollment fees for my initial training in do not complete my training and become certified. In addition, I will serve at least two years on the P AT or repay the City the pro-rata share of my training costs.

From the EMS Student Registration Form:

1. Do you have any mental or physical impairment(s) that may affect your ability to do the emergency medical functions for this level of training? Circle one: Yes No

2. Have you ever been convicted of a serious or aggravated misdemeanor or a felony? Circle one: Yes No

3. Have you ever been, or are you now addicted to the use of any chemical substance? Circle one: Yes No

4. Have you ever undergone treatment for any psychological or psychiatric disorder? Circle one: Yes No

5. Have you ever had any disciplinary action brought against you in connection with you emergency medical functions in this state or another state? Circle one: Yes No

6. Have you been in litigation in connection with your emergency medical functions in this state or another state? Circle one: Yes No

7. Have you had any moving traffic violations within the past three years?
Circle one: Yes No

Please explain any yes answers on the last page of this application.

The facts in this application are true and complete to the best of my knowledge. Any falsified statements on this application shall be grounds for dismissal from the PAT.

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

Applicant's Signature: _____ Date: _____

APPLICANT APPROVAL

FOR THE PRIMGHAR AMBULANCE TEAM

The applicant, _____, has been approved by the ambulance team members in accordance with the Bylaws of PAT.

SIGNATURES:

Director: _____ Secretary: _____

Date: _____ Date: _____

FOR THE CITY OF PRIMGHAR

This applicant has been approved for appointment as an ambulance team driver or attendant for the Primghar Ambulance Team by the City Council of Primghar by action taken on

SIGNATURE:

City Clerk: _____

Date: _____