



Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, marital or veteran status, or any other legally protected status.

PLEASE PRINT AND FILL OUT COMPLETELY

GENERAL INFORMATION

Position Applying For		Date of Application	
Name (Last, First, MI)		Social Security Number	
Street Address		City, State, Zip Code	
Telephone Number		Pager Number (if applicable)	
Are you 18 years of age or older? YES / NO	If not, can you provide required proof of eligibility? YES / NO	Have you filed an application with us before? If yes, give date. YES / NO	
Have you ever been employed with us before? If yes, give date. YES / NO	Are you currently employed? YES / NO	May we contact your present employer? YES / NO	
Are you currently on "lay-off" status and subject to recall? YES / NO	Can you travel if a job requires it? YES / NO	On what date would you be available for work?	
Have you been convicted of any drug, theft, violent or theft related act or crime in the last seven (7) years? If yes, please explain. Conviction will not necessarily disqualify an applicant from employment.			YES / NO
Are you a citizen of the U.S.? YES / NO	Are you prevented from lawfully becoming employed in the U.S. because of VISA or Immigration status? <i>Proof of citizenship or immigration will be required upon employment.</i>		YES / NO

MOST RECENT FIRST

EMPLOYMENT HISTORY

Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor / Contact and Phone Number	
Reason for Leaving		
Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor / Contact and Phone Number	
Reason for Leaving		
Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor / Contact and Phone Number	
Reason for Leaving		

EDUCATION HISTORY

High School Name and Address		
Courses of Study	Years Completed	Diploma / Degree
Undergraduate College Name and Address		
Courses of Study	Years Completed	Diploma / Degree
Graduate / Professional Name and Address		
Courses of Study	Years Completed	Diploma / Degree
Certification Program Name and Address		
Courses of Study	Years Completed	Diploma / Degree
Other Name and Address		
Courses of Study	Years Completed	Diploma / Degree
Do you speak any foreign languages? If yes, which one(s) and how fluently?		
YES / NO		
Describe any specialized training, apprenticeship, skills and/or extra-curricular activities		
Describe any job-related training received in the United States Military (if applicable)		

ADDITIONAL INFORMATION

<input type="checkbox"/> PC	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Typing (wpm)	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Lotus
<input type="checkbox"/> PBX System	<input type="checkbox"/> Fax	<input type="checkbox"/> MS Word	<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Computer Aided Dispatch
Other Skills (summarize special job-related skills and qualifications acquired from previous employment)				
Do you have current CPR Certification?		Do you have National Registry Certification?		Do you have current EMT Certification?
YES / NO		YES / NO		If yes, fill out below. YES / NO
EMT - B	EMT - C	EMT - I	EMT - P	
Rhode Island <input type="checkbox"/>	Rhode Island <input type="checkbox"/>	Rhode Island <input type="checkbox"/>	Rhode Island <input type="checkbox"/>	
Massachusetts <input type="checkbox"/>	Massachusetts <input type="checkbox"/>	Massachusetts <input type="checkbox"/>	Massachusetts <input type="checkbox"/>	
New Hampshire <input type="checkbox"/>	New Hampshire <input type="checkbox"/>	New Hampshire <input type="checkbox"/>	New Hampshire <input type="checkbox"/>	
Provide any additional information you feel might be of assistance to us in considering your application				

REFERENCES (EXCLUDING RELATIVES)

Name (Last, First, MI)	Relationship
Street Address	City, State, Zip Code
Telephone Number	Best time to contact
Name (Last, First, MI)	Relationship
Street Address	City, State, Zip Code
Telephone Number	Best time to contact
Name (Last, First, MI)	Relationship
Street Address	City, State, Zip Code
Telephone Number	Best time to contact

APPLICANT'S STATEMENT OF ACKNOWLEDGEMENT

"I certify that the answers given herein are true and complete to the best of my knowledge."

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Alert Ambulance, Raceway Ambulance, or Paramedic Systems, Inc., is of an "at will" nature. This means that the Employee may resign and the Employer may discharge said Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information provided in either this application or pre-employment interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the Employer and failure to do so may also result in termination.

NAME (PRINTED)

SIGNATURE

DATE

Return Applications To:
Human Resources

P.O. Box 2737
Fall River, MA 02722