

Beauport Ambulance Service, Inc.

19 Rear Pond Road
Gloucester, Massachusetts 01930



We appreciate the opportunity to review your qualifications for employment with this company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. Thank You

Beauport Ambulance Service, Inc. is an equal opportunity employer. All qualifications will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, ancestry, national origin, age, disability, handicap, genetics or veteran status.

Please answer all the questions as completely as possible. If you feel any questions may violate your rights, please do not answer. Print your answers clearly.

Section 1 (Please Print) GENERAL INFORMATION

Name: _____ Date: _____
(Last) (M.I) (First)

Address: _____
(Permanent Address)

Home Telephone No. (____) _____ - _____ Cell No. (____) _____ - _____

Email: _____ Cell Phone Provider: _____

Position applying for: F/T: ____ P/T: ____ Per Diem: ____ EMT-B: ____ EMT-I: ____ EMT-P: ____
Chair-Car: ____ Dispatcher: ____ Medical Biller: ____ Call Taker: ____ Mechanic: ____

Are there shifts you cannot work?
Days: ____ Evenings: ____ Overnights: ____ Weekends: ____ Holidays: ____ More than 40 hr/wk ____ Rot./shift : ____
Explain: _____

Referral Source: Advertisement: ____ Walk in: ____ Relative: ____ Other: ____ Name of Source: _____

Have you ever applied for employment with this company or any other Ambulance Service? Yes: ____ No: ____
If yes, who and specify date: _____

Have you previously been hired for a position with Beauport Ambulance Service, Inc.?
Yes: ____ No: ____ If yes, please indicate **date** and **position held**. Date: _____ Position held: _____

Do you have any relatives employed by Beauport Ambulance Service, Inc.? Yes: ____ No: ____

Are you legally eligible for employment in the United States? Yes: ____ No: ____
Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

Have you ever served in the U.S. Armed Forces? Yes: ____ No: ____
If you are under 18 years old, do you have working papers? Yes: ____ No: ____

Section 2 (Please Print)

EDUCATION AND SPECIALIZED COMPLETE THIS SECTION

School	Name/Location	From	To	Graduated (Yes or No)	Degree Type	Major Course
High School						
College						
Trade or Professional						
Other						

Section 3 (Please Print)

CHAIR CAR AND EMS APPLICANTS COMPLETE THIS SECTION

Drivers License Number: _____ State of Insurance: _____ Exp. Date: _____

Have you had any moving vehicle violations in the last three (3) years? Yes: ___ No: ___

If yes, please explain: _____

All applicants for employment that are scheduled for an interview must provide a current driving record obtained from the Registry of Motor Vehicles, copy of Drivers license, NIMS 100, 200, 700, OEMS cards and HCP-CPR card.

EMT-B #: _____ Exp. Date: _____ CPR Exp. Date: _____

EMT-I #: _____ Exp. Date: _____ Other: _____

PARAMEDIC #: _____ Exp. Date: _____

EMD Certified Yes: ___ No: ___ If yes, membership ID #: _____ Exp date: _____

ACLS #: _____ Exp. Date: _____ PALS #: _____ Exp. Date: _____

Please state below your total years of EMS experience, listing your initial certificate date for each level of certification.

EMT-B: _____ EMT-I: _____ PARAMEDIC: _____ TOTAL YEARS: _____

Section 4 (Please Print)

REFERENCES: *List below three persons NOT related to you and NOT personal friends whom you have known at least one year and who can give a thorough assessment of your job performance and skills.*

Name	Phone number and Address	Position	Year(s) Acquainted

Section 5 (Please Check all that Apply)

COMPUTER SOFTWARE / RADIO SKILLS:

<input type="checkbox"/> Zoll Tablet E-PCR	<input type="checkbox"/> Mobile Radios
<input type="checkbox"/> Zoll Rescuenet DISPATCH	<input type="checkbox"/> G.P.S. Software
<input type="checkbox"/> Zoll NAVIGATOR	
<input type="checkbox"/> Panasonic Toughbook	
<input type="checkbox"/> Nextel/Sprint	
<input type="checkbox"/> Other Explain: _____	

Section 6 (Please Check all that Apply)

Are you familiar with the following areas?	
Gloucester: ___	Rockport: ___ Essex: ___ Manchester: ___ Beverly: ___ Danvers: ___ Peabody: ___ Ipswich: ___ Boxford: ___ Hamilton: ___ Wenham: ___ Salem: ___ Lynn: ___ Boston: ___

Section 7 (Please Print)

EMPLOYMENT HISTORY: *List below the names of your last three employers (you may list volunteer positions as well as paid positions). List present employer or most recent employer first. You may use the reverse side of this application to provide further information if you wish.*

1-Employer Name/Address/Phone No.
Dates of employment: From: _____ To: _____ Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____
Supervisor Name and Number: _____ --- _____
Job Duties: _____
Reason for leaving: _____
May we contact for reference: Yes: ___ No: ___
2-Employer Name/Address/Phone No.
Dates of employment: From: _____ To: _____ Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____
Supervisor Name and Number: _____ --- _____
Job Duties: _____
Reason for leaving: _____
May we contact for reference: Yes: ___ No: ___
3-Employer Name/Address/Phone No.
Dates of employment: From: _____ To: _____ Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____
Supervisor Name and Number: _____ --- _____
Job Duties: _____
Reason for leaving: _____
May we contact for reference: Yes: ___ No: ___

Please, state why you feel you would be a good fit at Beauport Ambulance Service, Inc.

Section 8

Please read carefully before signing.

Note: Beauport Ambulance Service, Inc. is committed to providing a ‘Drug Free’ working environment and all employees are subject to random drug screening. Beauport Ambulance Service, Inc. is an *Equal Opportunity Employer*.

1. I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.
2. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or insurance company contacted by Beauport Ambulance or its agent to furnish information regarding the above.
3. I understand that the use, purchase, transfer, possession or sale or being under the influence of illegal drugs or controlled substances while on Beauport Ambulances premises, the premises of any Beauport Ambulance worksite, or while engaged in Beauport Ambulance business is strictly prohibited and is grounds for immediate discharge. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment, as required by Beauport Ambulance.
4. I understand that the federal regulations require that my employment be conditioned upon presentation of documents at the time of hire which verify my identity and eligibility to work in the U.S. (i.e. Passport, certificate of U.S. Citizenship or naturalization, alien registration card, drivers license, U.S. military card, social security card, birth certificate, or other U.S. employment authorization.) I further acknowledge that a fax or photographic copy shall be valid as the original. This release includes all state and federal agencies.
5. Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals and entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information

pertaining to my work record, habits and performances. In doing so, I hereby release them and this Company and its agents from all liability which may flow from the release of such information.

6. Should my employment terminate, it is understood that Beauport Ambulance may supply my complete record in response to any bona fide request, and I hereby release Beauport Ambulance and any of its staff from any liability and responsibility in connection therewith.
7. I agree, in the event Beauport Ambulance should employ me, either party for any reason or no reason may terminate my employment at any time. I further agree that this agreement regarding my status as an employee "at will" cannot be changed except in the form of a written agreement signed by the Chief Executive Officer, Chief Financial Officer or Human Resources.
8. I agree that if I become employed with Beauport Ambulance and thereafter, I shall not, without the prior consent of Beauport Ambulance, issue any press release or make any public announcement with respect to my employment with Beauport Ambulance or its clients. If I am contacted by the press regarding Beauport Ambulance or client-related matter, I understand that I am to refer the inquiry to the Director. Following the date hereof and regardless of any dispute that may arise in the future, I shall not, disparage, criticize or make statements which are negative, detrimental or injurious to Beauport Ambulance or its clients, officers or employees.
9. *It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

Print Name

Signature

Date

