![Beauport_LogowTag[1].JPG]()

**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 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 Sates.***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:**

|  |
| --- |
|  **Zoll Tablet E-PCR Mobile Radios**  **Zoll Rescuenet DISPATCH G.P.S. Software** **Zoll NAVIGATOR** **Panasonic Toughbook** **Nextel/Sprint** **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 employee 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