



EMPLOYMENT APPLICATION

For Office Use Only

CCN: _____

Date: _____

Start Date: _____

EmplID: _____

- Position Applied For:** Emergency Medical Technician Dispatcher
- Date of Application:** Paramedic Medical Billing Specialist
- Chair Car Driver Limousine Driver

Last Name: _____ First Name: _____ Initial: _____ Social Security: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Mass. EMT #: _____ Expires: _____ CPR Expires: _____

E-mail: _____ Drivers License #: _____ State: _____ Expires: _____

Scheduling & Availability

Please check all boxes based on your preferred availability.

	Day Shift: (7a-7p, 10-6, etc.)	Eve Shift: (3-11, 4-12, etc.)	Overnight: (7p-7a, 11p-7a)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We will try to work around your schedule...however; the more flexible you are in your availability, the better the chance we can assign you to a schedule that will make you happy!

Full-time (40 hours min)

Part-time (24 hours min)

Per-diem (8 hours min)

On what date would you be available to begin work? _____

Training

Please check all items for which you can provide proof of training.

<input type="checkbox"/> ACLS	<input type="checkbox"/> Inter-Facility Training
<input type="checkbox"/> PALS	<input type="checkbox"/> ALS / BLS Interface
<input type="checkbox"/> CPR Instructor	<input type="checkbox"/> Emerg. Med Dispatcher
<input type="checkbox"/> ACLS Instructor	<input type="checkbox"/> Bloodborne Pathogens
<input type="checkbox"/> PALS Instructor	<input type="checkbox"/> Hazmat Awareness
<input type="checkbox"/> Instructor Coordinator	<input type="checkbox"/> N.I.M.S.
<input type="checkbox"/> _____	<input type="checkbox"/> E.V.O.C.

Education

	Name of School	Course of Study	Years Completed	Diploma /Degree/Certificate?
High School:	_____	_____	_____	_____
College / Trade:	_____	_____	_____	_____
EMT Program:	_____	Date Completed: _____	Date Certified: _____	
Paramedic Program:	_____	Date Completed: _____	Date Certified: _____	

Past Employment

Start with your current or most recent employer

1	Employer: _____ From: _____ to _____	Please List all ambulance services that you have worked for in addition to those already given under Past Employment:
	City / State: _____ Telephone: _____ Wage: _____	
	Job Title: _____ Reason For Leaving: _____	
2	Employer: _____ From: _____ to _____	_____
	City / State: _____ Telephone: _____ Wage: _____	
	Job Title: _____ Reason For Leaving: _____	
3	Employer: _____ From: _____ to _____	_____
	City / State: _____ Telephone: _____ Wage: _____	
	Job Title: _____ Reason For Leaving: _____	

Applicant's Statement

I certify that all information on my application and any other material provided by me is true and complete and understand that falsified information, misrepresentations or omissions will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered. I understand, also, that I am required to abide by all rules and regulations of **LifeLine Ambulance Service**

Unless otherwise noted, I authorize **LifeLine Ambulance Service** or its agent to check with all persons, schools, current or previous employers, and organizations named in the application process to provide **LifeLine Ambulance Service** with any relevant information that may be helpful in arriving at an employment decision which may include but is not limited to the following:

- | | |
|----------------------------------|-------------------------|
| Dates of Employment | Position / Title |
| Method of Separation | Reason for Dismissal |
| Commendations | Salary |
| Disciplinary / Corrective Action | Absenteeism / Tardiness |
| Eligibility of Rehire | |

I hereby release and will hold **LifeLine Ambulance Service** and any individual, company, or entity named in the application process, harmless from any and all liability in connection with obtaining this information.

In addition to the above statement, I understand that if I am hired I will be considered an "at-will" employee. This "at will" nature means that I may resign at any time and that **LifeLine Ambulance Service** may discharge me 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 **LifeLine Ambulance Service**.

Signature: _____

Date: _____

Name (print): _____

For Human Resources Department Use Only