



## A M B U L A N C E

1000 BATTLES ST. LEOMINSTER, MA 01453  
62 WASHINGTON ST. WORCESTER, MA 01608  
PHONE (978) 466-8883 FAX (978) 534-9650

### APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, religion, gender, national origin, age, disability, marital, veteran, or any other legally protected status. Please type or print and provide complete answers. If you feel that any question may violate your rights, do not answer it.

Date of application: \_\_\_\_\_ On what date will you be available to begin working? \_\_\_\_\_  
Position you are applying for: \_\_\_\_\_ (check one)  Full-Time  Part-Time  Per Diem

### Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other number(s) you can be reached at: \_\_\_\_\_  
What is your schedule preference? (check one)  Days  Evenings  Nights Are you available on weekends?  
\_\_\_\_\_ Will you work any shift? \_\_\_\_\_

### Education

#### High School

Name and location of high school: \_\_\_\_\_  
Course of study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_ Did you graduate?  Yes  No

#### College

Name and location of college: \_\_\_\_\_  
Course of study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_ Did you graduate?  Yes  No

#### Trade School/ Other

Name and location of school: \_\_\_\_\_  
Course of study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_ Did you graduate?  Yes  No

Have you ever been convicted of a crime?  Yes  No if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for employment with MedStar?  Yes  No Did someone refer you to MedStar?  Yes  No  
if Yes, Who? \_\_\_\_\_

#### Emergency Medical Certifications:

EMT # \_\_\_\_\_ State: \_\_\_\_\_ Level: (check all that apply)  Basic  Intermediate  Paramedic  
 Other: \_\_\_\_\_

### Employers

Please list all employers, past and present, starting with the most recent. Attach additional pages if necessary.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of your supervisor: \_\_\_\_\_ May we contact this person?  Yes  No Your job title: \_\_\_\_\_  
Your job description: \_\_\_\_\_  
Starting pay \$ \_\_\_\_\_ per \_\_\_\_\_ Ending pay \$ \_\_\_\_\_ per \_\_\_\_\_ Dates of employment Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of your supervisor: \_\_\_\_\_ May we contact this person? Yes No Your job title: \_\_\_\_\_  
Your job description: \_\_\_\_\_  
Starting pay \$ \_\_\_\_\_ per \_\_\_\_\_ Ending pay \$ \_\_\_\_\_ per \_\_\_\_\_ Dates of employment Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
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Name of your supervisor: \_\_\_\_\_ May we contact this person? Yes No Your job title: \_\_\_\_\_  
Your job description: \_\_\_\_\_  
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Reason for leaving: \_\_\_\_\_

### Additional

List professional, trade, or civic activities and offices held: \_\_\_\_\_  
\_\_\_\_\_

Provide any additional information which you feel may be helpful to MedStar in considering your application. You may also include any hobbies/ interests: \_\_\_\_\_  
\_\_\_\_\_

### References:

Please list three or more people who are not related to you who you have known for at least one year. (These people may be contacted by MedStar.)

Name and Address	Phone Number	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

The administration of a lie detector test as a condition of employment or continued employment is prohibited by law. No employee shall be required to submit to such a test. I hereby certify that the information provided herein is true and complete to the best of my knowledge. I understand that any false statement or deliberate omission of fact is justification for refusal to offer employment and is justification for termination if already employed. I grant permission to MedStar Ambulance, Inc., and its agents to investigate all data provided, and release from liability all persons providing reference information as well as MedStar Ambulance, Inc., and its agents. I understand that any offer of employment will be conditional upon my successful completion of a physical examination, as well as satisfactory references and my presentation of the required documents which provide proof of my eligibility for employment with MedStar. I understand that if I am employed by MedStar, such employment will be on an introductory basis. I understand that such employment is not for any stated time, and may be terminated at any time by myself or MedStar for any reason. If employed, I also agree to understand and abide by the policies and procedures and the employee handbook of MedStar Ambulance. I understand that I may be required to work at times in addition to my regular shift as needed. I authorize MedStar to release reference information with regard to myself without liability. I hereby certify that the information provided herein is true and complete to the best of my knowledge, and agree to the terms and conditions set forth herein.

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_