



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, veteran status, marital status, sexual orientation, disability, national origin or any other classes protected by law.

PERSONAL INFORMATION

	Date		Social Security Number
Name			
Last	First	Middle	
Street Address			
Street		City	State Zip
Mailing Address			
Street		City	State Zip
Phone Number		Cell	
Home			
Referred By		Email Address:	

EMPLOYMENT DESIRED

Current EMS Certification: <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P		Amount of time in current certification
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (check all that apply)		Date you can start
		Salary Desired
Are you employed now? Yes No		If so, may we inquire of your present employer? Yes No
Ever applied to this company before? Yes No		Where? When?

EDUCATION

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subject Studied and Degree(s) Received
Grammar School		1 2 3 4	Yes	
			No	
High School		1 2 3 4	Yes	
			No	
College		1 2 3 4	Yes	
			No	
Trade, Business or Correspondence School		1 2 3 4	Yes	
			No	

GENERAL

Desired Location to Work

Job Related Skills (typing, CDL driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

(Continued on Other Side)



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FORMER EMPLOYERS List below your last *four* employers, starting with the *most recent first*.

Date/Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name/Title	Address	Phone Number	Years Acquainted
1			
2			
3			

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check which may include but not limited to a criminal history, driving history, and credit history check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at-will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either the Company or myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

Date _____ Signature _____