

Northeast Regional Ambulance Service, Inc.

Last Name	First	Middle
Home Address	City	State
Zip Code	Circle the number you prefer to be reached at: Home Phone	Cell Phone
Social Security Number		
Position Sought (circle) EMT Paramedic Dispatcher Other:		
Are you a U.S. Citizen or eligible for employment in the United States		
Are you currently active/reserve in the Military?		Branch of Service
Has your license to operate a motor vehicle ever been suspended or revoked?		If yes, attach letter of explanation.
Status sought (circle)	Full time	Part time
		Per-diem
When can you start? (mm/dd/yy)	Scheduling conflicts?	
Work History		
Current Employer		Start Date-End Date (mm/yy)
City	State	Phone
		May we contact?
Position held	Immediate Supervisor	Rate
Previous Employer		Start Date-End Date (mm/yy)
City	State	Phone
		May we contact?
Position held	Immediate Supervisor	Rate
Previous Employer		Start Date-End Date (mm/yy)
City	State	Phone
		May we contact?
Position held	Immediate Supervisor	Rate
Personal References		
<i>Please list two references known for at least 2 years (not including relatives).</i>		
Name	Phone	Occupation
Name	Phone	Occupation
Emergency Contact Information		
Name	Phone	Relationship

Education	
High School	Dates Attended (yy-yy)
Special Studies	Diploma Received / Year
College	Dates Attended (yy-yy)
Special Studies	Degree/Objective Obtained
College	Dates Attended (yy-yy)
Special Studies	Degree/Objective Obtained
College	Dates Attended (yy-yy)
Special Studies	Degree/Objective Obtained
Certifications	
<i>Please circle those that apply and note expiration in space left.</i>	
MAEMT-B _____ MAEMT-I _____ MAEMT-P _____ NREMT-B _____ NREMT-I _____ NREMT-P _____	
Basic Life Support Provider AHA _____ American Red Cross _____ Instructor _____	
ACLS _____ PHTLS _____ NRP(NALS) _____ PALS _____ ACLS Instructor _____	
Region Credentialed Y N Region Number _____ Date Obtained _____	
<i>Please state below your total years of EMS experience, listing your initial certification date for each level of certification.</i>	
EMT-B _____ EMT-I _____ EMT-P _____ Total Years _____	
Has your state certification ever been suspended? If yes, attach letter of explanation.	
Do you have any physical work restrictions?	
<p>I _____ state that all information contained in this application is true and accurate. I understand that falsifying any information contained herein may disqualify me for employment. I give permission to Northeast Regional Ambulance Service, Inc. to check references unless otherwise noted on this application.</p>	
Signature: _____ Date: _____	
<p><i>*Note: Northeast Regional Ambulance Service, Inc. is committed to providing a 'Drug Free' working environment and all employees are subject to random drug screening. Northeast Regional Ambulance Service, Inc. is an Equal Opportunity Employer.</i></p>	
Office Use Only	
Date Received _____	Signature _____
Hold Application	Interview
Not able to Hire	Date of Hire _____