

Northeast Regional Ambulance Service Inc.

Employment

Last Name	First	Middle	
Home Address	City	State	
Zip Code	Home Phone	Alternate Phone	
SSN			
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 lisenec to operate a motor vehicle ever been suspended or revoked?		If yes attach letter of explanation.	
Have you ever been convicted of a felony?		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?
Postion held		Immediate Supervisor	Rate
Previous Employer		Start Date-End Date (mm/yy)	
City	State	Phone	May we contact?
Postion held		Immediate Supervisor	Rate
Previous Employer		Start Date-End Date (mm/yy)	
City	State	Phone	May we contact?
Postion 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

*Please circle those that apply and **note expiration in space left***

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 _____

Please state below your total years of EMS experience, listing your initial certification date for each level of certification.

EMT-B _____ EMT-I _____ EMT-P _____ Total Years _____

Has your state certification ever been suspended? If yes attach explanation

Do you have any physical work restrictions?

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.

Signature: _____

Date: _____

**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.*

Office Use Only

Date Received _____

Signature _____

Hold Application	Interview	Not able to Hire	Date of Hire
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