NATIONAL AMBULANCE, LLC

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment
National Ambulance, LLC is an equal opportunity employer and selects the best individual for the job based upon job related qualifications regardless of race, color, creed, genetic makeup, religious preference, sex, sexual orientation, age, national origin, ancestry, pregnancy, marital status, criminal record, mental or physical handicap/disability, veteran status, or any other basis protected by law in any aspect of the provision of ambulance service or in employment practices. National Ambulance will make a reasonable accommodation to known physical or mental limitations or a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business. National Ambulance does not tolerate sexual harassment or any other form of harassment in any shape or form.

Polygraph Statement
National Ambulance does not make use of polygraph testing. 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.

Application
An application form including all attachments must be filled out for a position. Neatly print in black, blue ink or type in all application materials. Circle or check all pertinent items. Present the most current information first. An application that is incomplete, carelessly or incorrectly filled out may reduce your chances of being included in the selection process. Attach any and all pertinent information and submit your completed application form including all attachments to:

National Ambulance, LLC
425 St. James Ave.
or email nationalems@gmail.com
Springfield, MA 01109

Confidentiality Statement
Your application for employment will be considered by National Ambulance. All records containing personal data are kept protected as required by privacy and confidentiality laws. This information will only be viewed by personnel making hiring recommendations and decisions and bookkeeping personnel. During this time period, your employment history and skills will be reviewed and evaluated by our staff.

Notification
If your skills and employment history are the most closely matched to the position requirements, we will contact you by phone or mail within two weeks to set up an interview. If we do not contact you within two weeks, it means your skills and employment history are not the strongest/closest match to the position or there are more qualified applicants that have been selected to interview for the position. Your application will stay on file for six months and we may consider you for other positions. We encourage you to reapply, after six months or apply for other positions for which you are qualified, by completing a new application. Your application is only considered active for six months from the date of application.

General Employment Requirements
Applicable to (EMT) or Communications Dispatcher (D) or Billing Clerk / Administrative Assistant (BC) or Vehicle & Equipment Mechanic / Auto Body & Vehicle Framing Specialist (M) or (ALL) Applicants.
1. (EMT, D) An appropriate level or higher, valid EMT certificate issued by the Commonwealth of Massachusetts.
2. (EMT, D) Valid BLS/Healthcare Provider CPR/AED Card.
3. (ALL) Class D or higher driver’s license issued by the Commonwealth of Massachusetts.
4. (ALL) Demonstrate the ability to read, speak, write and understand the English Language.
5. (EMT) Demonstrate the ability to write a short medical report.
6. (EMT, M) Able to lift 150 pounds without additional assistance and 300 pounds with assistance.
7. (ALL) Pass the interview process
8. (ALL) Pass pre-employment screening; background and substance abuse screening
10. (ALL) Pass a medical examination, and pre-employment physical agility examination
National Ambulance, LLC  
Application for Employment

Last Name         First Name

Personal

Last Name         Fist Name         Middle Initial

Physical Address         City         State         Zip

Mailing Address         City         State         Zip

☐ Home phone / ☐ Mobile         Work phone         E-mail

SSN: _____-____-____

In case of emergency, notify:

Last Name         Fist Name         Relationship         ☐ Home phone / ☐ Mobile / ☐ Work phone

☐ Physical / ☐ Mailing Address         City         State         Zip +4

Referral Source

☐ Walk-in         ☐ Employee         ☐ Advertisement         ☐ Company Website         ☐ School         ☐ Other ________________

• Is anyone referring you for this position:  ☐ Yes         ☐ No

• Have you ever filed an application with this Company?  ☐ Yes         ☐ No

If yes, when and for what position? ________________

• Have you ever been employed with this Company?  ☐ Yes         ☐ No

If yes, please give dates: From___/___/___ To___/___/___

• Do you have relatives working for this Company?  ☐ Yes         ☐ No

If yes, please list ________________

Position Applying For

☐ EMT         ☐ EMT-A         Paramedic         ☐ Dispatcher         ☐ Chair Car Operator         ☐ Vehicle Maintenance Technician

☐ Other ________________

Type of employment desired: ☐ Full-time         ☐ Part-time         ☐ Seasonal         ☐ Other ________________

Days Preferred: ☐ Sunday         ☐ Monday         ☐ Tuesday         ☐ Wednesday         ☐ Thursday         ☐ Friday         ☐ Saturday

Shifts preferred: ☐ 1st         ☐ 2nd         ☐ 3rd         ☐ Day         ☐ Night         ☐ 24 hr         ☐ Other__

Date Available to For Work: ___/___/___         Pay Desired: ________________

If the position you seek requires you to work overtime, or week-ends, or holidays, are you willing to work such a schedule? (Reasonable accommodations can be made in appropriate circumstances)  ☐ Yes         ☐ No

If no, explain ________________

Will you travel if job requires it?  ☐ Yes         ☐ No

If no, explain ________________

Under the American with Disabilities Act of 1990 and in accordance with it are you able to perform the essential functions and tasks as required of this position?  ☐ Yes         ☐ No

(If reasonable accommodation is required, please attach a separate piece of paper explaining how you would perform the tasks and what accommodation is needed.)

Are you 18 years of age or older?  ☐ Yes         ☐ No

Are you legally authorized to work in the United States?  ☐ Yes         ☐ No

Rev: 11/07/2013
Formal Education

Highest level of education:  □ High School / GED  □ Associate  □ Bachelor  □ Other ________________

1. School: ____________________________________________________________
   Address: ___________________________________________________________________
   Dates attended: ____/____/____ - ____/____/____  Years Completed: _____  Average GPA/Grade______
   Completed: □ Degree  □ Diploma  □ GED  □ Certificate  □ Other:
   Awarded in what field of study: ____________________________________________

   Major/Minor Subjects/Comments________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
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Formal Education

Highest level of education:  □ High School / GED  □ Associate  □ Bachelor  □ Other ________________

1. School: ____________________________________________________________
   Address: ___________________________________________________________________
   Dates attended: ____/____/____ - ____/____/____  Years Completed: _____  Average GPA/Grade______
   Completed: □ Degree  □ Diploma  □ GED  □ Certificate  □ Other:
   Awarded in what field of study: ____________________________________________

   Major/Minor Subjects/Comments________________________________________________________
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Formal Education

Highest level of education:  □ High School / GED  □ Associate  □ Bachelor  □ Other ________________

1. School: ____________________________________________________________
   Address: ___________________________________________________________________
   Dates attended: ____/____/____ - ____/____/____  Years Completed: _____  Average GPA/Grade______
   Completed: □ Degree  □ Diploma  □ GED  □ Certificate  □ Other:
   Awarded in what field of study: ____________________________________________

   Major/Minor Subjects/Comments________________________________________________________
   ____________________________________________________________________________________
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Last Name         First Name

National Ambulance, LLC  Application for Employment

Employment History

• Have you ever been a member of another ambulance squad/service or a fire department, but are no longer? □ Yes □ No
If yes, explain __________________________________________

• Are you presently employed or a member of an ambulance squad/service or a fire department? □ Yes □ No
If yes, name of employer ________________________________________

• Have you ever been a member of another ambulance squad/service or a fire department, but are no longer? □ Yes □ No
If yes, when and where ________________________________________

• May we inquire of your present employer regarding your character, qualifications, and record of employment? □ Yes □ No
If No, explain _____________________________________________
(A “No” will not affect our review of your qualifications. If you answer “No” and we need to contact your present employer before we can offer you employment position, we will contact you first.)

Account for all periods of employment or unemployment in the past 10 years; paid or voluntary. Including periods of self-employment, military, and or sabbatical. Do not include periods of unemployment that are less than one month.
Dates must include month and year.

1. Employer: _____________________________________________________________
Address: ______________________________________________________________
Kind of Business / Organization__________________________________________
Exact Title / Position: ____________________________________________________
Dates Employed: ________/______ - ________/______
Average number of hrs. worked per week: _________________________________
Title and name of immediate supervisor: _________________________________
Contact phone: (______)_________________________ Ending salary/Earnings: _______
Reason For Leaving: _____________________________________________________

Description of Work: (describe your specific duties, responsibilities, and accomplishments)
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2. Employer: __________________________________________________________
Address:________________________________________________________________
Kind of Business / Organization______________________________________________
Exact Title / Position: _______________________________________________________
Dates Employed: _____________ / __________ - __________ / __________
Average number of hrs. worked per week: ______________________________________
Title and name of immediate supervisor: _______________________________________
Contact phone: (________)____________________________________________________
Starting salary/Earnings: _________ Ending salary/Earnings: ________________
Reason For Leaving: _________________________________________________________

Description of Work: (describe your specific duties, responsibilities, and accomplishments)
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3. Employer: __________________________________________________________
Address: ___________________________________________________________________
Kind of Business / Organization______________________________________________
Exact Title / Position: _______________________________________________________
Dates Employed: _____________ / __________ - __________ / __________
Average number of hrs. worked per week: ______________________________________
Title and name of immediate supervisor: _______________________________________
Contact phone: (________)____________________________________________________
Starting salary/Earnings: _________ Ending salary/Earnings: ________________
Reason For Leaving: _________________________________________________________

Description of Work: (describe your specific duties, responsibilities, and accomplishments)
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4. **Employer:** _____________________________________________________________
   
   **Address:** ______________________________________________________________

   **Kind of Business / Organization:** __________________________________________

   **Exact Title / Position:** ___________________________________________________

   **Dates Employed:** _____/____ - _____/____

   **Average number of hrs. worked per week:** _________________________________

   **Title and name of immediate supervisor:** _________________________________

   **Contact phone:** (_______)______________________________

   **Starting salary/Earnings:** _______ ______________________________

   **Ending salary/Earnings:** ______________

   **Reason For Leaving:** ____________________________________________________

   **Description of Work:** (describe your specific duties, responsibilities, and accomplishments)

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5. **Employer:** _____________________________________________________________

   **Address:** ______________________________________________________________

   **Kind of Business / Organization:** __________________________________________

   **Exact Title / Position:** ___________________________________________________

   **Dates Employed:** _____/____ - _____/____

   **Average number of hrs. worked per week:** _________________________________

   **Title and name of immediate supervisor:** _________________________________

   **Contact phone:** (_______)______________________________

   **Starting salary/Earnings:** _______ ______________________________

   **Ending salary/Earnings:** ______________

   **Reason For Leaving:** ____________________________________________________

   **Description of Work:** (describe your specific duties, responsibilities, and accomplishments)

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Qualifications
List all certificates, licenses, and or memberships.

Class of Driver’s License: ___________________________ Lic #: ___________________________ Date of birth: ___/___/___
Agency or Licensing authority: ___________________________ Date of exp.: ___/___/___

Type: ___________________________ Lic #: ___________________________ Date of issue: ___/___/___
Agency or Licensing authority: ___________________________ Date of exp.: ___/___/___

Type: ___________________________ Lic #: ___________________________ Date of issue: ___/___/___
Agency or Licensing authority: ___________________________ Date of exp.: ___/___/___

Type: ___________________________ Lic #: ___________________________ Date of issue: ___/___/___
Agency or Licensing authority: ___________________________ Date of exp.: ___/___/___

Type: ___________________________ Lic #: ___________________________ Date of issue: ___/___/___
Agency or Licensing authority: ___________________________ Date of exp.: ___/___/___

Skills
List number of years certified at each level
☐ EMT-B ______ years ______ months ☐ EMT-I ______ years ______ months ☐ EMT-P ______ years ______ months
Dispatcher ______ years ______ months ☐ Billing/Collections ______ years ______ months
☐ Microsoft Word Years: ______ ☐ Microsoft Access Years: ______ ☐ Microsoft Excel Years: ______ ☐ Power Point Years: ______
☐ E-mail Years: ______ ☐ Internet Years: ______ ☐ Typing Speed ______ ☐ Other ______

Languages
Do you speak, read, or write in any other language other than English? ☐ Yes ☐ No
Language: ___________________________ ☐ speak ☐ read ☐ write
Language: ___________________________ ☐ speak ☐ read ☐ write
Language: ___________________________ ☐ speak ☐ read ☐ write

References (cannot list family members)
Full Name: ___________________________________________
Address: ___________________________________________
Title/Position: ___________________________ Relationship: ___________________________
Contact phone: ________(______)_______________ Number of years known: _____________

Full Name: ___________________________________________
Address: ___________________________________________
Title/Position: ___________________________ Relationship: ___________________________
Contact phone: ________(______)_______________ Number of years known: _____________

Full Name: ___________________________________________
Address: ___________________________________________
Title/Position: ___________________________ Relationship: ___________________________
Contact phone: ________(______)_______________ Number of years known: _____________

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Last Name     First Name

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Place of Residence
- List where you have lived for at least 10 years.
- Include month and year only.

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List any other job related information (including special accomplishments, awards, publications, etc.)
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Applicant Statement of Authorizations and Acknowledgements to Terms of Employment

My signature below indicates that I swear or affirm that the information contained on this application is true and correct to the best of my knowledge, and that I have read, understood, agreed, authorized, certified, and consented to the above statements. This authorization or photocopy shall serve as consent for National Ambulance to request any information concerning my application. I acknowledge that I have had the opportunity to ask questions about these terms and have them answered.

Applicant’s Name (printed) ____________________________ Date __________

Applicant’s Signature ____________________________ Date __________
Race and National Origin Identity
Your Information is Voluntary

Thank you for choosing National Ambulance; we are an equal opportunity employer. It is the policy of National Ambulance to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, creed, genetic makeup, religious preference, sex, sexual orientation, age, national origin, ancestry, pregnant, criminal record, mental of physical handicap/disability, or veteran status.

Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is for statistical purposes only and will remain confidential and be maintained separately from your application form.

1. Sex: □ Male    □ Female

2. Are you 40 years of age or older? □ Yes    □ No

3. Ethnic Category (check one):
   □ White; not Hispanic origin. All persons having origins in any of the original peoples of Europe, North Africa, Middle East, or the Indian Subcontinent.
   □ Black; not Hispanic origin. All persons having origins in any of the black racial groups.
   □ Hispanic; All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
   □ Asian or Pacific Islanders; All persons having origins in any of the original peoples of the Far East, South Asia, or the Pacific Islands. The areas include for example China, Japan, Korea, Philippine Islands and Samoa.
   □ American Indian or Alaskan Native; All persons having origins in any of the peoples of North America

Applicant’s Signature ___________________________ Date ___________________________

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