

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		
Position Sought (circle)	EMT	Paramedic	Dispatcher	Other:	
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			
Previous Employer			Start Date-End Date (mm/yy)		
City	State	Phone	May we contact?		
Position held		Immediate Supervisor			
Previous Employer			Start Date-End Date (mm/yy)		
City	State	Phone	May we contact?		
Position held		Immediate Supervisor			
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			

Education	
High School	Diploma Received Y N
Special Studies	
College	List Degree/Objective Obtained
Special Studies	
College	List Degree/Objective Obtained
Special Studies	
College	List Degree/Objective Obtained
Special Studies	
Certifications	
<i>Please circle those that apply and note expiration in space right.</i>	
MAEMT-B _____ MAEMT-I _____ MAEMT-P _____ NREMT-B _____ NREMT-I _____ NREMT-P _____	
Basic Life Support Provider AHA _____ American Red Cross _____ Other _____ BLS Instructor _____	
ACLS _____ PHTLS _____ NRP(NALS) _____ PALS _____ ACLS Instructor _____	
Region Credentialed Y N Region Number _____ Date Obtained _____	
<i>Please state below your total years worked in EMS and list 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.	
<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> <p>Signature: _____ Date: _____</p> <p>*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. In compliance with federal law, all persons hired by Northeast Regional Ambulance Service, Inc. will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.*</p>	
Office Use Only	
Date Received	Signature
Hold Application	Date of Hire
Interview	Not able to Hire