



North Shore Ambulance



Application for membership or employment

APPLICANT INFORMATION

| | | | | | |
|--|--|------------------------------|-----------------------------|--------------------|---------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone () | | E-mail Address | | | |
| Position Applied for | | | | Paid or Volunteer: | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Driver License #: | State: Class: |
| EMT # | | Expiration: | | Level of Care: | |
| Have you been convicted of a crime or Traffic Violation in the past 3 years? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

ADDITIONAL TRAINING

List any other pertinent training:

REFERENCES

Please list three professional references.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone () | |
| Address | | | |
| Full Name | | Relationship | |

| | |
|---------|-----------|
| Company | Phone () |
|---------|-----------|

PREVIOUS EMS EMPLOYMENT (INCLUDE VOLUNTEER)

| | | |
|---|--------------------|--------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|