



DISCLOSURE

In connection with your application for employment with **Patriot Ambulance, Inc.** or, if you become employed here, at any time during your employment with **Patriot Ambulance, Inc.** a consumer report on you may be obtained for employment purposes.

By signing the attached acknowledgement and authorization, you authorize **Patriot Ambulance, Inc.** to procure a consumer report on you to be used for employment purposes now and at any time during your employment with **Patriot Ambulance, Inc.** should you become employed here.

CORI REQUEST FORM

National Data Verification Service has been certified by the Criminal History Systems Board and may access CORI for the purpose of screening otherwise-qualified individuals for client agencies or companies to the same extent as the client agency or company is authorized to receive CORI by CHSB.

As a prospective applicant for the position of _____ at **Patriot Ambulance Inc.**, I understand that a criminal record check will be conducted by National Data Verification Service and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: _____
Prospective Applicant Signature

APPLICATION/EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name Middle Name

Maiden Name or Alias (If Applicable)

Date of Birth: _____ Social Security Number: _____

Address: _____

FORMER: _____

Address(es) _____

SEX _____ HEIGHT (FT., IN.) _____

WEIGHT _____ EYE COLOR _____

State Driver's License Number: _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

AUTHORIZATION FOR RELEASE OF INFORMATION TO NCPS

TO: Any Registrar, Dean, Principal or Authorized Person or School;
Any Past or Present Employer;
Any Law Enforcement Agency, or Department or Agency
of a City, County, State or Federal Government

I, _____, hereby authorized NCPS, or its authorized representative bearing this release, or copy thereof, in connection with my application for employment with **Patriot Ambulance, Inc.**, (and if I become employed here at any time during my employment with above) to obtain a consumer report for employment purposes including, but not limited to, credit records, criminal background checks, and employment and educational references. I authorize all persons who may have information relevant to this research to disclose such information to NCPS, or its agent, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. The information obtained from this research will be released to other parties as designated by myself. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I acknowledge the receipt of a separate statement indicating that **Patriot Ambulance, Inc.** may obtain a consumer report on me in connection with my employment application, and should I become employed by the above named, at anytime during my employment with the above named.

Name: _____
First Middle Last Maiden

Driver's License Number & State: _____

Social Security #: _____ **Telephone #:** _____

Address: _____

City, State: _____ **Zip Code:** _____

Date: _____ **Signature:** _____

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.



APPLICATION FOR EMPLOYMENT

Please mail to:
Patriot Ambulance, Inc.
Attn: Human Resources
248 Mill Road, Building 2, Unit 2
Chelmsford, MA 01824

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

www.patriotambulance.com

PERSONAL INFORMATION

(Please Print)

Form with fields: Position(s) Applied For, Date of Application

How did you learn about Patriot?

- Advertisement, Friend, Walk-in, Employment, Agency, Relative, Other

Form with fields: Last Name, First Name, Middle Name, Address, City, State, Zip Code, Home Number, Cell Phone, Email Address, Social Security Number

Which contact number is best to reach you? Home Cell

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO If YES, give date

Have you ever been employed with us before? YES NO If YES, give date

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? YES NO

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

Are you a licensed EMT? YES NO

If yes, in which State are you licensed? At what level EMT-B EMT-I PARAMEDIC Massachusetts OEMS #

Has your Certification ever been suspended or revoked by any governing authority YES NO

If you answered yes please explain:

On What date would you be available to work?

Are you available to work per week? Full Time (36 hours or more) Part Time (24 to 32 hours)

- Are you currently on "lay off" status and subject to recall? YES NO
- Are able to work out of another base location if need be? YES NO
- Have you been convicted of a felony? YES NO
- Have you ever been convicted of OUI / DUI? YES NO
- Have you ever been convicted of any drug related charges? YES NO

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT

If yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any foreign languages you can speak, read and/or write			
Speak	Read	Write	
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Describe any specialization training, apprenticeship, skills and extra-curricular activities. ACLS, PALS, PEPP, ect.

Describe any job-related training received in the United States military.

EMPLOYMENT HISTORY

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone #				
Job Title	Supervisor			
Reason For Leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone #				
Job Title	Supervisor			
Reason For Leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
		Starting	Final	
Telephone #				
Job Title	Supervisor			
Reason For Leaving				

Explain any periods of unemployment

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the Job or occupation for which you have applied?

YES **NO**

REFERENCES

1. _____ ()
(Name) Phone #

(Address)
2. _____ ()
(Name) Phone #

(Address)
3. _____ ()
(Name) Phone #

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date