



DRIVEN BY EXCELLENCE
BUILT WITH INTEGRITY
PROUD TO BE ACTION

Directions to Complete Application Packet

1. Complete the application in its entirety. An updated resume will be acceptable for education and employment history. Please include all pertinent reference information.
2. Attach all applicable copies of Massachusetts EMT certification, Advanced Cardiac Life Support and/or Basic Cardiac Life Support, current driver's license, current driving record from appropriate motor vehicle agency and any other certification documentation.
3. This application and all other requested documentation can be mailed to:

Action Ambulance Service, Inc.
Attn: Human Resources
844 Woburn Street
Wilmington, MA 01887

4. This application and all other requested documentation can be faxed to: 978-253-2560

You **MUST** complete all of the attached forms and submit all requested documentation to be considered for a position with Action Ambulance Service, Inc.



844 WOBURN STREET
WILMINGTON, MA 01887-3413
PHONE: (978) 253-2500
WWW.ACTIONAMBULANCE.COM



844 Woburn Street
Wilmington, MA 01887
Application for Employment

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/H/V

Please answer all questions as completely as possible. If you feel any question violates your rights please do not answer it. All information contained herein will be considered confidential. If you have questions please ask the Human Resources Representative.

I. PERSONAL INFORMATION

Name: _____ Soc Sec #: _____
 LAST FIRST MI

Street Address: _____ City, State, Zip: _____

Telephone No. () _____ Cell No.: () _____

Are you over 18? Yes No Are you authorized to work in the USA Yes No

If Not A Permanent Resident, Do you have a Work Permit? Yes No

Referred by: _____

II. JOB INFORMATION

Position desired (1) _____ (2) _____

Salary Desired: _____

Full Time Part Time Per Diem Temporary Other

If PT/PD, Specify Days and Hours Available: _____ If Temporary, How Long? _____

Can You Work? Days Evenings Nights Weekends Rotating

Do You Have Any Relatives Employed Here? Yes No

If Yes, Name and Relationship: _____

Have You Ever Been Employed By Action Before? Yes No

Dates: _____ Position: _____

III. MILITARY DATA

Branch of Service: _____ Date Entered: _____ Date of Discharge: _____

Service School or Special Experience: _____

Currently in the Reserves? Yes No Active Inactive

IV. WORK EXPERIENCE (Please Include any Volunteer Experience) Resume Attached ___ Yes ___ No
Please complete work experience completely.

Please Begin With Your Most Recent Employer. May We Contact Your Present Employer? ___ Yes ___ No

Have You Used A Different Name With A Previous Employer? ___ Yes ___ No

If Yes, Please List Those Names: _____

Name of Company: _____ From _____ To _____ Salary: _____
Address: _____ Phone: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
Describe Duties: _____

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Address: _____ Phone: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
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V. EDUCATIONAL

	Name and Address	Dates From To	Graduated	Course/Degree
High School			__ Yes __ No	
College			__ Yes __ No	
Trade or Professional			__ Yes __ No	
Other			__ Yes __ No	

VI. FOR PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Are You Currently Registered, Certified, Licensed or Accredited In Your Profession? Yes No

If Yes, By Whom? _____ Active Inactive

_____ Active Inactive

Are You Currently Registered, Certified, Licensed or Accredited in Massachusetts? Yes No

If Yes, Registration No. _____ Expiration Date: _____

Other States: _____ Expiration Date: _____

Has Your License, Certification or Credentials Ever Been Revoked or Put on Probation? Yes No

Yes, When? _____

CPR -Exp.: _____ BTLS-Exp.: _____ SAED-Exp.: _____ ACLS Exp.: _____

PALS Exp.: _____ NALS Exp.: _____

VII. REFERENCES

Personal/Professional References Other Than Relatives	Address	Telephone	Occupation

VII. OTHER DATA Please List Any Other Information You Feel Pertains To Your Application (Skills, Affiliations, Etc.)

IX. AUTHORIZATION FOR BACKGROUND/REFERENCE CHECK

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Action Ambulance Service, Inc. with relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, employers, and organizations from all liability for providing such information. I release and indemnify Action Ambulance Service, Inc. against any liability which might result from requesting such information.

Signed: _____

Date: _____

X. EMPLOYMENT AGREEMENT

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Action Ambulance Service, Inc. is aware that it is unlawful in Massachusetts to require or administer a lie detector test as condition of employment. Any employer who violates that law shall be subject to criminal penalties and civil liability.

Receipt of this application and the granting of an interview, does not imply that the applicant will be hired.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my reference, any and all physical examinations and drug screening requirements. I understand that employment is for no stated term and may be terminated by me or Action Ambulance Service, Inc. at any time.

If employed by Action Ambulance Service, Inc., I will comply and conform to all of Action Ambulance Service, Inc. policies, procedures, and regulations and I understand that, if my employment is terminated and/or suspended for any reason, I must return all property of Action Ambulance Service, Inc. in my custody including, keys, identification badge, manuals, equipment, uniforms if any, and patient care run forms before I am entitled to final payment of any sum which may otherwise be due me upon separation from employment.

I also understand that I will notify Action Ambulance Service, Inc. if my license to operate a motor vehicle has been suspended or revoked.

Signed: _____

Date: _____

XI. EMPLOYMENT ARRANGEMENTS (TO BE COMPLETED BY EMPLOYER)

Start Date:	Hours:
Position:	Shift:
Rate:	Status:
Department:	Grade:
Position and Control No.:	Drug Screen Date and Time:
Physical date and Time:	Orientation Date:

Additional Comments:
