

Central Massachusetts Emergency Medical Systems Corporation  
361 Holden St.  
Holden, MA 01520  
(508) 854-0111 (508) 853-3672 (fax)

**APPLICATION FOR EMPLOYMENT: CMED Operator**  
(Please complete in your own handwriting.)

Date of application \_\_\_\_\_

CMEMSC Use Only:  Receipt  CL  CH

Name*			
_____	_____	_____	_____
First	Middle Initial	Last	Suffix
Address			
_____		_____	_____
Number and Street		City & State	Zip Code
Email _____		Phone _____	
*Please provide name change or nickname information in order to expedite employment, education, and reference checks:			

Emergency Contact:	Check shift(s) desired:
Name _____	<input type="checkbox"/> Full-time 7am-3pm <input type="checkbox"/> Full-time 3pm-11pm
Phone _____	<input type="checkbox"/> Full-time 11pm-7am <input type="checkbox"/> Part-time weekend
Relationship _____	<input type="checkbox"/> Per diem (must commit to <i>at least 2</i> shifts per month)
	Date available to start _____

How did you hear about us?	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CMEMSC website	If no, what type of visa or immigration status do you have?
<input type="checkbox"/> Service (Name) _____	_____
<input type="checkbox"/> Other Employee (Name) _____	Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	Provide name of any relative employed at CMED/CMEMSC:
	_____

**REFERENCES** (List 2 people who are not related and are not former employers.)

Full Name	Phone	Occupation
_____	_____	_____
_____	_____	_____

**EDUCATION**

Level	School Name	Years Attended		Degree Received	Major
		From	To		
High School					
College					
EMT Initial					

MA EMT Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**REQUIRED: Attach a copy of your EMT card and both sides of your BLS for HCP (CPR) card.**

Other certifications, professional memberships, or special skills:

**EMPLOYMENT**

(Please list most recent employer first.)		May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Location of Employer	Position	Hourly Rate	
	Supervisor Name & Phone		
From	To	Reason for Leaving	
Name and Location of Employer	Position	Hourly Rate	
	Supervisor Name & Phone		
From	To	Reason for Leaving	
Name and Location of Employer	Position	Hourly Rate	
	Supervisor Name & Phone		
From	To	Reason for Leaving	

Please explain the reason for any gaps in your employment history:

*Central Massachusetts EMS Corporation does not discriminate based on race, creed, sex, age, national origin, or disability. Acceptance of an application does not mean there are any positions available and does not in any way obligate CMEMSC.*

**ACKNOWLEDGEMENT AND AUTHORIZATION**

- I attest that all statements provided in this application are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application as may be necessary to determine employment eligibility.
- In the event of employment, I understand that any false or misleading information given in this application or interview may result in discharge.
- In the event of employment, I authorize the release of reference information relative to my employment to future potential employers.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date