

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

APPLICATION FOR EMPLOYMENT

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:			

<p>Emergency Contact:</p> <p>Name:</p> <p>Phone:</p> <p>Relationship:</p>	<p>Check shift(s) desired:</p> <p><input type="checkbox"/> Shift 1: 7a-3p & 7a-7p <input type="checkbox"/> Shift 2: 3p-11p & 7p-7a</p> <p><input type="checkbox"/> Shift 3: 11p-7a & 7p-7a Shift 4: 3p-11p & 7p-7a</p> <p><input type="checkbox"/> Per diem (must commit to 2-3 shifts per month; weekends and holidays, also some weekday options)</p> <p>Date available to start:</p>
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<p>How did you hear about us?</p> <p><input type="checkbox"/> CMEMSC website:</p> <p><input type="checkbox"/> Service (Name):</p> <p><input type="checkbox"/> Other Employee (Name):</p> <p><input type="checkbox"/> Other:</p>	<p>Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what type of visa or immigration status do you have?</p> <p>Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Provide name of any relative employed at CMED/CMEMSC:</p>
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REFERENCES (List 2 people who are not related and are not former employers.)

Full Name	Phone	Occupation

EDUCATION

Level	School Name	From	To	Degree Received	Major
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(s) 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 _____