TOWN OF TISBURY

TISBURY AMBULANCE SERVICE

Employment and/or EMT-Basic Course Sponsorship application: December, 2016

INSTRUCTIONS:

This form must be typed or printed in ink. Answer all questions. Type or print N/A if not applicable. Incomplete or illegible applications may not be considered. If space provided is insufficient, you may furnish additional information on the blank side of the application pages to provide full answers. Please reference each such answer by writing the page number and topic area (bold type) of the question.

POSITION APPLING FOR:

____ Emergency Medical Technician/Paramedic

____ Request sponsorship for attendance at the EMT-Basic course

PERSONAL HISTORY:

NAME: _____ SS#: _____

(last) (first) (mi)

Residential Address (Apt., Street Number, Street, State, City, Zip Code):

_____

_____

Mailing Address: _____

E-Mail Address: _____

Resident Phone: _____ Day/Cell Phone: _____

Person to contact in case of an emergency: _____

Phone, Day: _____ Evening: _____

RESIDENCE: List in reverse chronological order your residences for the past 10 years. (List current address first. Include residences while attending school or in the military.)

Street Address:	**City:**	**State:**	**Country:**	**Dates:**
				From: To:
				From: To:
				From: To:
				From: To:

EDUCATION:

Name of Ed. Institution:	Address:	Dates Attended:	Degree/Diploma Awarded:
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	

If attendance at School, College or University did not result in the awarding of a degree or certification, provide area of concentration and level of academic achievement in lieu of degree.

Have you ever been dismissed from an educational institution or had disciplinary action including scholastic probation taken against you? Yes _____ No _____
If yes, describe the incident by location, time and action taken:

_____

_____

List scholastic honors, awards and citations or any special recognition you have received while attending educational institution:

_____

_____

List any special abilities, interests, sports, or hobbies in which you have a degree of proficiency and describe the level of proficiency:

_____

_____

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes ____ No ____
Branch of Service _____ Service Number _____
Dates of Active Duty: From _____ To _____ Type of Discharge _____
Member of Reserves? Yes _____ No _____ Branch: _____
National Guard? Yes _____ No _____ Branch: _____
(Provide copy of DD214 with this application.)

EMPLOYMENT HISTORY (List most recent employment first and work back)

Name of Employer: Supervisor:	Address: Telephone:
Dates Employed – From: To:	Highest Position Attained: Salary:
Reason for Leaving:	
Name of Employer: Supervisor:	Address: Telephone:
Dates Employed – From: To:	Highest Position Attained: Salary:
Reason for Leaving:	
Name of Employer: Supervisor:	Address: Telephone:
Dates Employed – From: To:	Highest Position Attained: Salary:
Reason for Leaving:	
Name of Employer: Supervisor:	Address: Telephone:
Dates Employed – From: To:	Highest Position Attained: Salary:
Reason for Leaving:	

Have you ever been dismissed or asked to resign from any employment or position you have held?
Yes _____ No _____ If yes, give employers name, date and reason:

_____

_____

_____

REFERENCES:
Please provide the names of three (3) references of good character and reputation. References should not be relatives.)

Name:	**Address:**	**Telephone:**	**# of Years**	**Occupation:**	**Bus. Telephone:**

DRUGS: (For the purpose of the following questions, Controlled Substance shall mean a drug, substance or immediate precursor in any schedule or class referred to in Ch 94-C, of Massachusetts General Laws. Prescription shall mean a lawful order from a practitioner for a drug or device for a specific patient that is communicated directly to a pharmacist in a licensed pharmacy.)

1. Excluding medication for which your Physician provides you a prescription, do you use any "controlled substance or drugs"? Yes _____ No _____ If yes, what substance _____
2 Have you used marijuana, cocaine, amphetamine, and barbiturate (without a physician's prescription) within the past three (3) years? Yes _____ No _____ if yes, name the substance(s): _____
3 Have you used any "controlled substances" without a physician's prescription in the past twelve (12) months? Yes _____ No _____ if yes, name the substance(s):

_____
How frequently? _____

LICENSES and CERTIFICATIONS

Are you a certified Massachusetts EMT? Yes____ No_____ EMT number_____
Are you a Nationally (or other state) certified EMT? State/National_____
Number _____
Has your EMT certification ever been suspended or revoked in this or nay other state?
Yes_____ No _____ if yes please explain.

_____

_____

_____

_____

_____

Are you a licensed automobile operator? Yes _____ No _____
License Number: _____ State: _____ Class: _____

Has your license to operate a motor vehicle in this or any other state ever been revoked or suspended?
Yes _____ No _____ if yes, give details: _____
_____
_____
_____
_____

Have you ever been issued a firearms license? Yes _____ No _____
If answer is yes, was it ever suspended or revoked? Yes _____ No _____
If yes, give Details:
_____
_____

CRIMINAL RECORD:
Have you been convicted of a crime? Yes _____ No _____

If you have answered, "yes" to the above, please list DATE, PLACE AND DEPARTMENT, and CHARGE/FINAL DISPOSITION AND GIVE DETAILS:

_____
Signature of Candidate

Date

_____