

# TRI-TOWN EMS

247 PEMBROKE ST, PEMBROKE, NH 03275 (603) 485-4411

## Employment Application



### APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Paramedic <input type="checkbox"/>	Advanced EMT <input type="checkbox"/>	EMT <input type="checkbox"/>	OTHER <input type="checkbox"/>				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for Tri-Town EMS? (to include Tri-Town Vol. Emerg. Amb. Svc)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you had any moving violations or Motor Vehicle Collisions in the last 3 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Have you ever been Charge with a Misdemeanor or Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Convicted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Charge:				

### EDUCATION

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

### CREDENTIALS & QUALIFICATIONS

(Please provide a copy of all EMS Credentials and ICS Certificates that you hold)

Do you have a current National Registry Credential?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, provide Expiration Date			
Do you have a current New Hampshire Bureau of EMS License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, provide License Level and Expiration Date			
Do you have a current CPR Card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, provide Expiration Date			
Indicate other EMS Credentials you have:	ACLS <input type="checkbox"/>	PALS <input type="checkbox"/>	NRP <input type="checkbox"/>	PHTLS <input type="checkbox"/>	IC <input type="checkbox"/>	CPR Instructor <input type="checkbox"/>
Indicate All National Incident Command System Courses you have taken:	ICS 100 <input type="checkbox"/>	ICS 200 <input type="checkbox"/>	ICS 300 <input type="checkbox"/>	ICS 400 <input type="checkbox"/>	ICS 700 <input type="checkbox"/>	ICS 800 <input type="checkbox"/>
Were you ever the subject of an investigation for Licensing Issues or other required EMS credentials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain:			
Have you ever had an EMS License Suspended or Revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain:			
Have you ever been suspended or terminated for reasons associated with patient care, protocols or safety	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain:			
List all states you have held an EMS License in						
Are you currently the subject of any Investigation (Criminal, Civil, EMS, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain:			

PREVIOUS EMPLOYMENT <small>(PLEASE SHOW THE LAST 10 YEARS OF EMPLOYMENT HISTORY &amp; USE A SEPARATE SHEET IF NECESSARY)</small>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>The Town of Pembroke and Tri-Town EMS is an Equal Opportunity Employer and does not discriminate on the basis of Race, Color, National/Ethnic Origin, Ancestry, Age, Religion, Sex, Gender Identity, Sexual Preference, Marital Status, or any other Characteristic protected by applicable state and federal laws. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release and may lead to legal action taken against me.</p>	
Signature	Date

**Please provide the following with this application:**

Cover Letter ☐ Resume ☐ Three (3) Professional References ☐ Copy of EMS Credentials & ICS Certificates ☐

List of ALL EMS Agencies you were affiliated with ☐