



MED-CARE AMBULANCE

Northern Oxford Regional Ambulance Service

290 Highland Terrace, Mexico, ME 04257

Tel. (207) 364-8748

www.med-careambulance.com

PAUL LANDRY JR.
Chief

ALBERTA BROOMHALL
Deputy Chief

DAKOTA TURNBULL
Assistant Deputy Chief

EMPLOYMENT APPLICATION

Med-Care Ambulance is an equal opportunity employer. This application will not be used for limiting or excluding any applicant for consideration for employment on a basis prohibited by local, state, or federal law. Should applicant need reasonable accommodation in the application process, please contact a company representative.

Full Name:

Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Phone: _____ **E-Mail Address:** _____

Social Security No.: _____ **Date available to begin work:** _____

What position are you applying for? Per-Diem

Do you currently possess a *Maine EMS License*? Yes License Number _____ No

If Yes, License Level: EMT AEMT Paramedic

Are you a citizen of the United States: Yes No

If No, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company: Yes No If So, when? _____

Have you ever been convicted of any violation of state or federal criminal laws or code in the last 10 years? (Violations will not necessarily disqualify you from employment.) [] Yes [] No

If yes, explain:

You may email this completed application to admin.email@med-careambulance.com

**Med-Care Ambulance
Employment Application**

Previous Employment

You may also attach a resume in lieu of filling in the employment section

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Title and Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

E-mail address: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Title and Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

E-mail address: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Title and Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

E-mail address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain:

Disclaimer and Signature

Initials

- [] I hereby certify that the facts set forth in my employment application are true and complete to the best of my knowledge. I authorize Med-Care Ambulance to investigate all information set forth in my application by contacting my prior employers and other references set forth above, and by any and all means authorized or permitted by law or statute. I understand that if I am hired, omissions or false or misleading information statements in this application or in interviews can be grounds for immediate termination or my employment.
- [] I understand that if I am hired, my employment with Med-Care Ambulance is terminable "at will", and that I have the right to terminate my employment with Med-Care Ambulance without cause and with or without notice at any time. If I am hired, I understand that all benefits, policies, and procedures may be modified or changed at any time with or without notice. I understand that this application form, Med-Care Policy and Procedures and all other communication distributed to me by Med-Care, whether written or oral, before hire or after I am employed, does not constitute or supplement any contract of employment. I further understand that no agent or representative of Med-Care has the authority to make any promise or agreement contrary to the foregoing, unless it is in writing and signed by the Director or Chief of Med-Care Ambulance.

Print Name: _____

Signature: _____

Date: _____