

**Lisbon-Mount Vernon Ambulance Service**

**Application**

Please print or type. This application must be fully completed to be considered. All provided information to be verified by LMVAS. You will be contacted once your application has been received and reviewed.

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| --- | --- |
| **APPLICATION DATE** |  |
| **POSITION OF INTEREST** |  □ Part-Time Paid □ Volunteer □ Resident |

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| **PERSONAL INFORMATION** |
| **LAST NAME** |  | **FIRST NAME** |  | **MIDDLE NAME** |  |
|  |  |  |  |  |
| **DATE OF BIRTH** |  | **AGE** |  |
| **ALIAS** |  |

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| --- | --- | --- | --- | --- |
| **PERMANENT\* ADDRESS** |  |  |  |  |
| *\*If college student, list your non-campus/home address.* **STREET** | **CITY** | **STATE** | **ZIP** |
|  |
| **MAILING ADDRESS** |  |  |  |  |
|  | **STREET** | **CITY** | **STATE** | **ZIP** |
| **PRIMARY PHONE NUMBER** |  | **PRIMARY PHONE TYPE** | □ Cell □ Home □ Work |
| **PRIMARY EMAIL ADDRESS** |  |

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| **EDUCATION & EMPLOYMENT** |
| **HIGHEST LEVEL OF EDUCATION** | □ High School □ Bachelor’s Degree □ Master’s Degree □ Doctorate □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| **CURRENT OCCUPATION\*** |  | **EMPLOYER** |  |
| **EMPLOYER ADDRESS** |  |  |  |  |
|  | **STREET** | **CITY** | **STATE** | **ZIP** |

*\*Attach a resume to your application, to include a minimum of ten years of historical information.*

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| **BACKGROUND INFORMATION** |
| **REFERRED TO LMVAS BY (IF APPLICABLE)** |  |

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| **EMS CERTIFICATION** | □ EMT □ AEMT □ Paramedic □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EXPIRATION DATE** |  |
| **CPR CERTIFICATION** | □ Yes □ No | **EXPIRATION DATE** |  |
| **OTHER EMS-RELATED SKILLS OR CERTIFICATIONS** |  |

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| **DO YOU HAVE A DRIVER’S LICENCE?** | □ Yes □ No | **STATE** |  | **EXPIRATION DATE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| **Do you have the right to work in the U.S.?** | □ | □ |
| **Has your driver’s license ever been suspended or revoked for ANY reason?** | □ | □ |
| **If YES, please explain (incl. when):** |  |
| **Have you ever been convicted of a crime (including misdemeanors)?** | □ | □ |
| **If YES, please explain (incl. when):** |  |
| **If you are certified or licensed: Have you had any state or other jurisdiction of the U.S. or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a license issued to you?** | □ | □ |
| **If YES, please explain (incl. when):** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| **If your application is accepted, are you willing to submit to a background check?** | □ | □ |
| **If your application is accepted, are you willing to complete a pre-employment physical (e.g., vision screening, hearing screening, drug test)?** | □ | □ |

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|  |  | **YES** | **NO** |
| **Have you ever applied to and/or been a member of another ambulance service, fire department, or police department (volunteer or paid), including LMVAS?** | □ | □ |
| **If YES, please complete the following:** |  |
| **ORGANIZATION\*** | **POSITION(S)** | **DATES OF SERVICE** | **REASON FOR LEAVING** |
|  |  |  |  |
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 *\*If affiliated with more than three organizations, please attach on a separate sheet of paper or include on resume.*

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| **REFERENCES** |

Please provide the contact information for three references with personal knowledge of the professional abilities for which you are applying. References must not be related to you.

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| **FIRST NAME** |  | **LAST NAME** |  |
| **EMAIL ADDRESS** |  | **PHONE NUMBER** |  |
| **HOW ACQUAINTED** |  |
|  |  |  |  |
| **FIRST NAME** |  | **LAST NAME** |  |
| **EMAIL ADDRESS** |  | **PHONE NUMBER** |  |
| **HOW ACQUAINTED** |  |
|  |  |  |  |
| **FIRST NAME** |  | **LAST NAME** |  |
| **EMAIL ADDRESS** |  | **PHONE NUMBER** |  |
| **HOW ACQUAINTED** |  |

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| **PERSONAL STATEMENT**  |

Please briefly explain why you want to work or volunteer with LMVAS.

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| **SIGNATURE** |

I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by LMVAS unless I have indicated to the contrary. I authorize the references listed, as well as all other individuals whom LMVAS contacts, to provide LMVAS any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to LMVAS as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of any information on this application may result in my failure to receive an offer of employment or, if I am hired, my dismissal from employment.

I understand that this application is not a contract of employment.

In consideration of my employment, I agree to conform to the rules and standards of LMVAS, as amended by the company from time to time in its discretion. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant’s identity and legal authority to work in the United States.

Employment is subject to approval by Medical Director.

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| --- | --- | --- | --- |
| **NAME** **(PLEASE PRINT)** |  | **DATE** |  |
| **SIGNATURE** |  |

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| **ADDITIONAL ITEMS TO BE REQUESTED UPON SELECTION FOR INTERVIEW** |

The following items will need to be provided in hard copy if selected for an interview:

* Social Security Number
* Copy of driver’s license
* Copy of all certifications
* Shift availability (form to be provided)