

# South Berwick Rescue

P.O. Box 157

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Web Site [www.southberwickrescue.org](http://www.southberwickrescue.org) E-Mail [info@southberwickrescue.org](mailto:info@southberwickrescue.org)

## Employment Application

<b>Position applying for :</b> Full Time Paid Employee Part Time Paid Employee Volunteer Position	<b>Office Use</b> Date Application Received _____ Date Criminal Check Completed _____ Date Drivers Check Completed _____ Date Interview Scheduled _____ Date application presented to squad _____
The South Berwick Emergency Ambulance and Rescue Inc. is an equal opportunity employer and shall not discriminate against an employee or applicant based upon race, creed, religion, sex, age, marital status, national origin or physical disability unless based upon a bona fide occupational qualification. Our equal employment officer is the Chief of the Service and concerns pertaining to equal opportunity should be directed to his/her office.	Please print Date _____  Last Name _____ First Name _____ MI _____ Street _____ City, State, Zip Code _____ Phone _____ E-mail _____
Were you ever employed ( This includes volunteer positions) by South Berwick Rescue before ?  No _____ Yes _____ Dates _____ Reason for leaving _____	Drivers License Number _____ State Issued _____ Social Security Number _____ Are you over the age of 18 _____ Are you a United States Citizen _____ If not – do you have a legal right to remain in the United States of America permanently ? _____
Do you have any physical or mental handicap or condition that may limit the type of work that you may be able to perform ? No Yes - If yes Explain	<b>Education:</b> High School Grade completed _____ College Completed _____ Degree _____
High School _____ College Name _____	Date Graduated _____ Grade Completed _____ Date Graduated _____ Degree _____
<b>EMS Education</b> Initial Basic EMT Course Completed ( Date / Location ) _____ EMT-I Course Completed ( Date / Location ) _____ EMT-P Course Completed ( Date / Location ) _____	
<b>Current EMS License Numbers / Certifications</b> License # _____ Title _____ State Issued _____ License # _____ Title _____ State Issued _____ License # _____ Title _____ State Issued _____ License # _____ Title _____ State Issued _____	

Name \_\_\_\_\_ Date \_\_\_\_\_

**Additional EMS Courses that you have attended which you want us to consider :**

**Employment History:**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Date Started \_\_\_\_\_ Are you currently employed in this position \_\_\_\_\_

Do wish us to NOT contact this employer ? \_\_\_\_\_

Please describe your duties and responsibilities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous employer :** \_\_\_\_\_ Position \_\_\_\_\_

Date Started \_\_\_\_\_ Date employment ended \_\_\_\_\_

Do wish us to NOT contact this employer ? \_\_\_\_\_

Please describe your duties and responsibilities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous employer : \_\_\_\_\_ Position \_\_\_\_\_

Date Started \_\_\_\_\_ Date employment ended \_\_\_\_\_

Do wish us to NOT contact this employer ? \_\_\_\_\_

Please describe your duties and responsibilities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous employer : \_\_\_\_\_ Position \_\_\_\_\_

Date Started \_\_\_\_\_ Date employment ended \_\_\_\_\_

Do wish us to NOT contact this employer ? \_\_\_\_\_

Please describe your duties and responsibilities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous employer : \_\_\_\_\_ Position \_\_\_\_\_

Date Started \_\_\_\_\_ Date employment ended \_\_\_\_\_

Do wish us to NOT contact this employer ? \_\_\_\_\_

Please describe your duties and responsibilities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

<p><b><u><i>This portion of the application will only be shown to members of the hiring team.</i></u></b></p>	<p><b>Have you ever been convicted of a felony ?</b> Yes _____ No _____ If yes, please explain _____</p>
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**References:**

Please list three personal references. Please ensure that you include a current contact phone number and address. Interviews may not be held until references are contacted.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

**Next of Kin:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

**Pre Employment Statement**

I voluntarily give the South Berwick Emergency Ambulance and Rescue Inc. the right to make a thorough check of my employment and activities. I also agree to cooperate in such an investigation and release from liability or responsibility all persons, companies, corporations or public entities supplying such information. I consent to a motor vehicle license check to determine my license status and history, a check of any and all criminal records and a check of any and all EMS license statuses. I consent to taking a pre-employment physical examination if required by the employer. I agree to wear and use any protective clothing or devices as required by the employer and to comply with all safety rules in force now or in the future. I further understand that any false answers or statements made by me on this application is sufficient grounds for immediate discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_