



Webster Emergency Medical Services

An Equal Opportunity Employer - Webster Emergency Medical Services does not discriminate on the basis of race, color, religion, national origin, gender, gender orientation, creed, age, veterans status, disability, or marital status.

Application for Employment

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit#

City/Town State Zip Code

Phone: () - Email Address:

Date Available: Social Security Number:

Position Applied for: Desired Salary:

Are you legally employable within the United States at this present time? Yes No

Have you ever been employed at Webster Emergency Medical Services?

Have you ever been convicted of a felony?

If yes, please explain:

Education

High School:

Address:

From: To:

Did you graduate: Yes No

College:

From: To:

Did you graduate: Yes No

Other:

From: To:

Did you graduate: Yes No

Licenses & Certifications

Massachusetts Drivers License # _____ Expiration: _____

Massachusetts Paramedic # _____ Expiration: _____

Advanced Cardiac Life Support Expiration: _____

CPR Expiration: _____

Pediatric Advanced Life Support Expiration: _____

Other: _____

Previous Employment

Company:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

From:

To:

Reason for leaving:

I give Webster Emergency Medical Services authorization to contact this employer: Yes No

Company:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

From:

To:

Reason for leaving:

I give Webster Emergency Medical Services authorization to contact this employer:

Yes

No

Company:

Address:

Supervisor:

Job Title:

Starting Salary:

Ending Salary:

From:

To:

Reason for leaving:

I give Webster Emergency Medical Services authorization to contact this employer:

Yes

No

Professional References

Name:

Relationship:

Company:

Phone:

Name:

Relationship:

Company:

Phone:

Name:

Relationship:

Company:

Phone:

Availability

Full Time

Per Diem (8-16hrs)

Per Diem (16+ hrs)

Indicate the days below that you can work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Military Service

Branch: _____

From: _____

To: _____

Rank at Discharge: _____

Type of discharge: _____

Disclaimer and Signature

I certify that my answers to the above questions are true and complete. I understand falsification of any of the above facts or other information supplied by me is grounds for immediate dismissal. I understand that if employed, I will be an employee "at will" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself.

Your Signature: _____

Date: _____