



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.

APPLICATION DATE	
POSITION OF INTEREST	<input type="checkbox"/> Part-Time Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Resident

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
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DATE OF BIRTH		AGE	
ALIAS			

PERMANENT* ADDRESS				
<i>*If college student, list your non-campus/home address.</i>				
	STREET	CITY	STATE	ZIP

MAILING ADDRESS				
	STREET	CITY	STATE	ZIP

PRIMARY PHONE NUMBER		PRIMARY PHONE TYPE	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
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PRIMARY EMAIL ADDRESS	
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EDUCATION & EMPLOYMENT

HIGHEST LEVEL OF EDUCATION	<input type="checkbox"/> High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____
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CURRENT OCCUPATION*		EMPLOYER	
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EMPLOYER ADDRESS				
	STREET	CITY	STATE	ZIP

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

BACKGROUND INFORMATION

REFERRED TO LMVAS BY (IF APPLICABLE)	
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EMS CERTIFICATION	<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other _____	EXPIRATION DATE	
CPR CERTIFICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	EXPIRATION DATE	
OTHER EMS-RELATED SKILLS OR CERTIFICATIONS			

DO YOU HAVE A DRIVER'S LICENCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	STATE		EXPIRATION DATE	
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	YES	NO
Do you have the right to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended or revoked for ANY reason? If YES, please explain (incl. when):	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime (including misdemeanors)? If YES, please explain (incl. when):	<input type="checkbox"/>	<input type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
If your application is accepted, are you willing to submit to a background check?	<input type="checkbox"/>	<input type="checkbox"/>
If your application is accepted, are you willing to complete a pre-employment physical (e.g., vision screening, hearing screening, drug test)?	<input type="checkbox"/>	<input type="checkbox"/>

			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:			<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION*	POSITION(S)	DATES OF SERVICE	REASON FOR LEAVING	

**If affiliated with more than three organizations, please attach on a separate sheet of paper or include on resume.*

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.

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			

PERSONAL STATEMENT

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

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.

NAME (PLEASE PRINT)		DATE	
SIGNATURE			

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)