



DRIVEN BY EXCELLENCE
BUILT WITH INTEGRITY
PROUD TO BE ACTION

Directions to Complete Application Packet

1. Complete the application in its entirety. An updated resume will be acceptable for education and employment history. Please include all pertinent reference information.
2. Attach all applicable copies of Massachusetts EMT certification, Advanced Cardiac Life Support and/or Basic Cardiac Life Support, current driver's license, current driving record from appropriate motor vehicle agency and any other certification documentation.
3. This application and all other requested documentation can be mailed to:

Action Ambulance Service, Inc.
Attn: Human Resources
844 Woburn Street
Wilmington, MA 01887

4. This application and all other requested documentation can be faxed to: 978-253-2560

You **MUST** complete all of the attached forms and submit all requested documentation to be considered for a position with Action Ambulance Service, Inc.



844 WOBURN STREET
WILMINGTON, MA 01887-3413
PHONE: (978) 253-2500
WWW.ACTIONAMBULANCE.COM

IV. WORK EXPERIENCE (Please Include any Volunteer Experience) Resume Attached ___ Yes ___ No
Please complete work experience completely.

Please Begin With Your Most Recent Employer. May We Contact Your Present Employer? ___ Yes ___ No

Have You Used A Different Name With A Previous Employer? ___ Yes ___ No

If Yes, Please List Those Names: _____

Name of Company: _____ From _____ To _____ Salary: _____
Address: _____ Phone: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
Describe Duties: _____

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IX. AUTHORIZATION FOR BACKGROUND/REFERENCE CHECK

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Action Ambulance Service, Inc. with relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, employers, and organizations from all liability for providing such information. I release and indemnify Action Ambulance Service, Inc. against any liability which might result from requesting such information.

Signed: _____

Date: _____

X. EMPLOYMENT AGREEMENT

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Action Ambulance Service, Inc. is aware that it is unlawful in Massachusetts to require or administer a lie detector test as condition of employment. Any employer who violates that law shall be subject to criminal penalties and civil liability.

Receipt of this application and the granting of an interview, does not imply that the applicant will be hired.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my reference, any and all physical examinations and drug screening requirements. I understand that employment is for no stated term and may be terminated by me or Action Ambulance Service, Inc. at any time.

If employed by Action Ambulance Service, Inc., I will comply and conform to all of Action Ambulance Service, Inc. policies, procedures, and regulations and I understand that, if my employment is terminated and/or suspended for any reason, I must return all property of Action Ambulance Service, Inc. in my custody including, keys, identification badge, manuals, equipment, uniforms if any, and patient care run forms before I am entitled to final payment of any sum which may otherwise be due me upon separation from employment.

I also understand that I will notify Action Ambulance Service, Inc. if my license to operate a motor vehicle has been suspended or revoked.

Signed: _____

Date: _____

XI. EMPLOYMENT ARRANGEMENTS (TO BE COMPLETED BY EMPLOYER)

Start Date:	Hours:
Position:	Shift:
Rate:	Status:
Department:	Grade:
Position and Control No.:	Drug Screen Date and Time:
Physical date and Time:	Orientation Date:

Additional Comments: