

# Health-Tech Ambulance Service, Inc.

## APPLICATION FOR EMPLOYMENT

Please mail to: Health-Tech Ambulance Service, Attn: Human Resources, 22R Dale St., Andover, MA 01810  
or Fax to: 978-470-0834

**Health-Tech Ambulance Service** is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, handicap or veteran status.

This application may be discarded for false, missing or illegible information. All applications will be kept on file for one year.

### PERSONAL DATA:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Name: \_\_\_\_\_  
*Last First Middle*

2. Social Security No.: \_\_\_\_\_

3. Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

5. How were you referred to us?  Newspaper Ad  Walk-in  Agency  School  Employee  Other

Name of referral source: \_\_\_\_\_

6. Are you lawfully eligible for employment in the United States?  Yes  No

*Note: If you are hired, you will be required to submit proof of legal right to work in the United States.*

7. If you are under 18 years of age, please state your age. \_\_\_\_\_ Years  N/A

### POSITION/AVAILABILITY:

1. Indicate the position for which you are applying: \_\_\_\_\_

2. Type of employment desired: **Regular**  Full-time  Part-time  Per Diem  
**Temporary**  Full-time  Part-time  Per Diem

3. Shifts Desired:  Day  Evening  Weekends  Rotation  Set Days/Evenings

4. Salary Expected: \_\_\_\_\_

5. If your application is considered favorable, on what date can you start work? \_\_\_\_\_

6. Have you ever worked for this Company before?  Yes  No If yes, when? \_\_\_\_\_

7. Have you ever applied for a job with this Company before?  Yes  No If yes, when? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. List below the names of all your employers for the last five years (list volunteer positions as well as paid positions). List present employer or most recent employer first. You may use the reverse side of this application, if necessary.

EMPLOYER	ADDRESS Phone Number	DATES OF EMPLOYMENT		REASON FOR LEAVING	TITLE/NATURE OF WORK	NAME/TITLE OF IMMEDIATE SUPERVISOR	REFERENCE CHECKED BY: (COMPANY USE ONLY)
		FROM:	TO:				

2. Are you employed now?     Yes     No  
 If yes, may we contact your present employer?     Yes     No

3. Do you have any commitments to another employer which might affect your employment with us?  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you subject to any restrictive covenants from prior employment such as agreements to protect confidentiality or proprietary information or agreements not to compete? If so, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

Provide the following information regarding three persons, other than relatives, who are familiar with your work and can evaluate your professional knowledge and ability. Former supervisor(s) preferred.

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED	REFERENCE CHECKED BY: (COMPANY USE ONLY)
1.				
2.				
3.				



## CRIMINAL HISTORY:

1. Have you ever been convicted of a felony?  Yes  No  
If yes, please explain on the reverse side of this form.
2. Have you been convicted of a misdemeanor during the past five years? Exclude first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace.  Yes  No  
If yes, please explain on the reverse side of this form.
3. Have you completed a period of incarceration within the past 5 years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace)?  
 Yes  No
4. If the answer to any of the above questions is yes, please state whether you were convicted more than 5 years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace).  Yes  No  
If yes, please explain on the reverse side of this form.

*Note: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests or criminal court appearances and adjudication in all cases of delinquency or as a child in need of service which did not result in a complaint transferred to the superior court for criminal prosecution. A conviction will not necessarily disqualify you for the job for which you have applied.*

**Thank you for completing this application and your interest in employment with Health-Tech Ambulance Service.**

**Please read the following carefully and sign below indicating that you understand and agree to the terms as stated.**

**A drug screen urinalysis, a pulmonary function test and a written exam will be required after an employment offer has been made.**

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and **Health-Tech Ambulance Service** and its agents from all liability which may flow from the release of such information.

**I understand that this is not a contract of employment and that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that Health-Tech Ambulance Service will similarly enjoy the right to terminate my employment, at any time, with or without cause.** This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of **Health-Tech Ambulance Service**. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

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**Signature**

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**Date**

*Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*