



**Please mail to:**  
**Patriot Ambulance, Inc.**  
**Attn: Human Resources**  
**248 Mill Road, Building 2, Unit 2**  
**Chelmsford, MA 01824**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

[www.patriotambulance.com](http://www.patriotambulance.com)

**PERSONAL INFORMATION**

**(Please Print)**

Position(s) Applied For	Date of Application
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How did you learn about Patriot?

- Advertisement                       Walk-in                       Agency  
 Friend                                       Employment                       Relative  
 Other \_\_\_\_\_

Last Name	First Name	Middle Name
Mailing Address:		
Address	City	State
		Zip Code
If you have a P.O Box you must provide us with your physical home address:		
Address	City	State
		Zip Code
Home Number	Cell Phone	Email Address
		Social Security Number

- Which contact number is best to reach you?                       Home                       Cell
- Are you 18 years of age or older?     **YES**                       **NO**
- Have you ever filed an application with us before?                       **YES**                       **NO**  
 If YES, give date \_\_\_\_\_
- Have you ever been employed with us before?                       **YES**                       **NO**  
 If YES, give date \_\_\_\_\_
- Are you currently employed?     **YES**                       **NO**
- May we contact your present employer?                                       **YES**                       **NO**
- Are you authorized to work in the United States of America?                       **YES**                       **NO**

**Patriot Ambulance Inc. complies with all USCIS laws and regulations.**

Are you a licensed EMT?     **YES**                       **NO**

If yes, in which State are you licensed? \_\_\_\_\_

At what level     EMT-B     EMT-I     PARAMEDIC    Massachusetts OEMS # \_\_\_\_\_

When were you certified at the level you are currently licensed? \_\_\_\_\_  
 Month/Year

Has your Certification ever been suspended or revoked by any governing authority                       **YES**                       **NO**

If you answered yes please explain:

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On What date would you be available to work? \_\_\_\_\_

Are you available to work per week?  Full Time (36 hours or more)  Part Time (24 to 32 hours)

Are able to work out of another base location if need be?  YES  NO

## EDUCATION

Did you graduate high school or equivalent?  YES  NO

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Indicate any foreign languages you can speak, read and/or write

Speak	Read	Write	
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
			<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

**Describe any specialization training, apprenticeship, skills and directly related to working in the position applied for.**

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**Describe any job-related training received in the United States military.**

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## REFERENCES

1. \_\_\_\_\_ ( )  
\_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
Relation
  
2. \_\_\_\_\_ ( )  
\_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
Relation
  
3. \_\_\_\_\_ ( )  
\_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
Relation

## APPLICANT'S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date