

LYONS AMBULANCE SERVICE, LLC

Since 1904

135 Maple Street
Danvers, Massachusetts 01923

APPLICATION FOR EMPLOYMENT

Lyons Ambulance Service, LLC is an equal opportunity employer.

Consideration for employment and employment practices are based solely on job related occupational qualifications and are not based on race, color, religion, gender, sexual orientation, age, handicap, disability, or national origin.

Please answer all the questions as completely as possible. If you feel any questions may violate your rights, please do not answer. Print your answers clearly.

Name _____
(Last) (First) (MI.)

Address _____
(Street & No.) (City/Town) (State) (Zip)

Home Telephone No. (____) _____ - _____ SS # _____ - _____ - _____

Email _____

Position(s) applied for _____ () F/T () P/T () Per diem

Work Shift Preference () 0000-0800 () 0800-1600 () 1600-2400

Are there hours you cannot work?

() Days () Evenings () Midnights () Weekends () Holidays () More than 40 hr/wk () Rotating shifts

Explain: _____

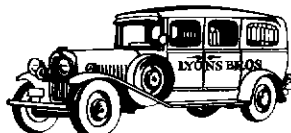
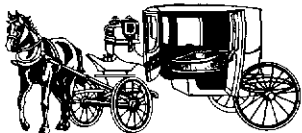
Referral Source () Advertisement () Walk in () Relative () Other Name of Source: _____

Have you ever applied for employment with this company? () Yes () No

If yes, specify date: _____

Are you familiar with the following areas? () Danvers () Topsfield () Wenham () Beverly
() Ipswich () Boxford () Cape Ann () Peabody
() Salem () Boston () Hamilton () Newburyport

Are you legally eligible for employment in the United States? () Yes () No



EDUCATION AND SPECIALIZED TRAINING

School	Name/Location	From	To	Graduated (Yes or No)	Degree Type	Major Course
High School						
College						
Trade or Professional						
Other						

EMS AND DRIVER APPLICANTS COMPLETE THIS SECTION

Driver License # _____ State of Issuance _____ Exp. Date: _____

Have you had any moving vehicle violations in the last three (3) years? () Yes () No

If yes, please explain: _____

All applicants for employment that are scheduled for an interview must provide a current driving record report obtained from the Registry of Motor Vehicles.

MA EMT # _____ Exp. Date: _____ CPR Exp. Date: _____

ACLS# _____ Exp. Date: _____ Other: _____

OFFICE/CLERICAL APPLICANTS ONLY, COMPLETE THIS SECTION

List word processing/typing/computer and data entry skills, knowledge of office machines, etc:

List any additional information you would like us to consider:

WORK HISTORY

List below your complete work history and work assignments starting with your most recent employer. You may include volunteer positions if you wish.

Employer Name/Address/Phone No.			
Dates of Employment From To	Job Title	Salary	Supervisor Phone Number
Job Duties: _____ _____			
Reason for leaving:		May we contact for reference: () Yes () No	

Employer Name/Address/Phone No.			
Dates of Employment From To	Job Title	Salary	Supervisor Phone Number
Job Duties: _____ _____			
Reason for leaving:		May we contact for reference: () Yes () No	

Employer Name/Address/Phone No.			
Dates of Employment From To	Job Title	Salary	Supervisor Phone Number
Job Duties: _____ _____			
Reason for leaving:		May we contact for reference: () Yes () No	

References

Please list the name, address, phone number, and relationship of three (3) references, two in the EMS field.

	Name	Address	Phone No.	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

*****PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY*****

It is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for a reasonable accommodation that would be required by the ADA.

I understand and agree that any job offer is conditional and may be contingent upon satisfactory results of a post-offer medical examination (which may include drug and alcohol screening) and medical clearance establishing that I am capable of performing the essential functions of the position for which I am applying.

I understand that any job offer is conditional and contingent upon satisfactory verification by Lyons Ambulance Service, LLC of the information I have furnished in this application.

I understand that any false representations, misrepresentations, or misleading statements made by me in this application, interview, or in connection with my physical condition and medical examination will be grounds for the rejection of this application or for my dismissal.

I understand and agree that if my application is accepted, my employment may be terminated by me or by this company at any time with or without cause and without any liability on the part of the company for future wages, salary or benefits. I further understand that if accepted, my employment is at will and for no definite period and may be terminated without further notice and without liability for further salary.

I understand that 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 liabilities.

I understand that any representations made by Lyons Ambulance Service, LLC in connection with this application for employment must be in writing by an authorized officer of the company.

I certify that I abstain from the abuse of drugs/alcohol which impair professional judgement and/or practice.

If employed by Lyons Ambulance Service, LLC, I agree to abide by all company rules and regulations and to adhere to all company policies, procedures and directives.

I certify that I am not listed on the OIG's List of Excluded Individuals/Entities for participation in federal health care programs.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Letter Sent _____
Conditional Offer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rate \$ _____
Start Date _____	Position _____	Status _____	
Remarks _____ _____ _____			
By _____		Name and Title	Date