



Employment Application Packet

North Adams Ambulance Service, Inc. (NAAS) has been serving the City of North Adams and the surrounding communities of Northern Berkshire County since 1977. NAAS provides 24/7 Paramedic Coverage for seven cities and towns in Northwestern Massachusetts and Southern Vermont spanning over 200 square miles. We are pleased that you have chosen NAAS to seek employment and we look forward to working with you throughout the employment process!

1. Please complete the application in its entirety.
2. A resume can be attached with the application, however the application **MUST** be completed as well.
3. Please download a current driving record from the appropriate registry of motor vehicles and attach as part of the application. The record must be dated within four (4) weeks of the application date. You may be able to get your driving history online:
 - a. Massachusetts RMV – <https://secure.rmv.state.ma.us/Drvrecords/>
 - b. Vermont RMV – <http://dmv.vermont.gov/safety/violations/records>
 - c. NY Driving Abstract – <https://my.dmv.ny.gov/crm/>
4. Attach all applicable copies of Massachusetts EMT certification, NREMT certification, BLS and/or ACLS certification, current driver's license and any other certifications pertinent to the position applied for.
5. The application and all requested documentation can be mailed to:
North Adams Ambulance Service, Inc.
Attention: John Meaney
P.O. Box 1045
North Adams, MA 01247
Or it can be dropped off at 10 Harris Street, North Adams, MA 01247
6. The application and all documentation can be faxed to (413)664-4051 or emailed to jmeaney@northadamsambulance.com.

NAAS conducts pre-employment background checks on all applicants. Any employment offer is contingent upon the results of the criminal background check.

NAAS has a No Tolerance Drug Workplace Policy and utilizes a comprehensive drug testing program including pre-employment drug screening.

NAAS is Equal Opportunity Employer (EEO). Our employment practices are without regard to race, color, religion, creed, gender, age, disability, medical condition, national origin or veteran status.

P.O. Box 1045
10 Harris Street
North Adams, MA 01247
(413)664-6680

Have you ever been employed with NAAS in the past? Yes No If so, when: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Driver's License Number: _____ State: _____

Employment History:

List the names of employers with present or last employer first.

Name of Employer: _____

Address: _____

Telephone: _____

Duties: _____

Dates of employment: _____ Are you still employed?: Yes No

If applicable, reason for separation: _____ Salary: _____

May we contact this employer?: Yes No

Name of Employer: _____

Address: _____

Telephone: _____

Duties: _____

Dates of employment: _____ Are you still employed?: Yes No

If applicable, reason for separation: _____ Salary: _____

May we contact this employer?: Yes No

Name of Employer: _____

Address: _____

Telephone: _____

Duties: _____

Dates of employment: _____ Are you still employed?: Yes No

If applicable, reason for separation: _____ Salary: _____

May we contact this employer?: Yes No

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Education History:

Name and Address:	Number of Years Completed:	Did you Graduate?	Course of Study/Degree:
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	

Health:

Date/Location of last Physical Exam: _____

References:

Name:	Relationship:	Phone:	Years Known:
1.			
2.			
3.			

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As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant: _____

Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Confidential – reference checks *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Y	N		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Action

Interview arranged for: _____

Offer of employment made: _____

Position: _____

Letter sent: _____

By: _____

Letter of hire signed: _____

By: _____

Date of hire on: _____

Payroll details rate: _____

By: _____

Probationary period expires on: _____

Notes _____

Application unsuccessful

Letter sent: _____

By: _____

Application to be destroyed on: _____

Notes _____



Emergency Contact Information Sheet

NAME: _____ S.S.# _____
HOME ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
MAILING ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ D.O.B. : _____
WORK PHONE: _____
CELL PHONE: _____
OTHER: _____
E-MAIL: _____

In Case Of Emergency Notify:

#1

NAME: _____ REALTION: _____
HOME ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
PHONE: _____ OTHER: _____

#2

NAME: _____ REALTION: _____
HOME ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
PHONE: _____ OTHER: _____