



Boonsboro Ambulance & Rescue Service, Inc. Career Personnel Application

This is a form fill document. Complete all information, print and mail or drop of you application to:

Position Applying For

Todays Date

Boonsboro Ambulance & Rescue Service, Inc.

c/o Career Application

PO Box 7

Boonsboro, MD 21713

or

Fax to (301)432-2265

Last Name

First Name

Middle Initial

Mailing Address

Street Address
(if different)

Home Phone

Cell Phone

Pager

Email Address

Date of Birth

Place of Birth

Social Security

All employees of Boonsboro Ambulance & Rescue Service are required to have and retain a valid driver's license of at least a class C level.

Driver's License Number

Class

Issuing State

Expiration Date

If your right to drive has been revoked or suspended by the government or insurance, check this box

If you have been convicted of driving while intoxicated or under the influence of drug or alcohol, check this box

If you have any convictions regarding the use, possession, sale or transfer of drugs or alcohol, check this box

If you have ever been convicted of, or pled guilty to, or pled nolo contendere to any crime other than a minor traffic violation check this box

If you checked any of the boxes in the above selections, explain the circumstances below

Certification Information

The following positions are required for all positions. Place check each current certification that you possess

AHA Healthcare Provider CPR w/ AED Hazardous Materials Operations Emergency Vehicle Operators Course

If you are applying for any of the BLS positions, you must have the following certifications:

Check all that you possess

Maryland EMT-B Firefighter I, MFRI or ProBoard Certification Rescue Tech/ Vehicle & Machinery, MFRI or ProBoard

If you are applying for any of the ALS positions, you must have one of the following certifications:

Check all that you possess

Maryland CRT-I Maryland EMT-P

If your medical license or certification has been previously suspended or revoked in any jurisdiction check this box

If you have had your affiliation revoked or suspended by any jurisdiction check this box

If you checked the boxes to any of the above two questions, explain below

List any additional certifications, licenses or skills that you possess.

If you speak any foreign languages fluently, list here.

Do you have any other skills or abilities that you believe would be a benefit to the position applied for?

If you have ever been bonded, check this box

Check this box if your bonding has ever been revoked or cancelled

Employment History

How were you referred to seek employment with our company?

If you have previously filed an application with our company, check this box

List any friends or relatives who are either members of employees of Boonsboro Ambulance & Rescue Service, Inc.

Complete the information for your last 3 jobs, starting with the most recent.

Employer

Address

Position/ Title

Job Description

Date Employed From To Reason for leaving

Employer

Address

Position/ Title

Job Description

Date Employed From To Reason for leaving

Employer

Address

Position/ Title

Job Description

Date Employed From To Reason for leaving

References

List three non-relatives as references.

Name

Phone Years known

Name

Phone Years known

Name

Phone Years known

Education

High School Graduation Year Check Box if GED

College Major Years

Trade/ Technical Major Years

Other

Military Service

Branch Rank

Dates of Enlistment Duties/ Specialty

Medical History

The duties of the positions at Boonsboro Ambulance & Rescue are strenuous, unplanned and mentally as well as physically stressing. You must be able to perform the duties of the position in all types of weather, in stressful situations and at all hours of the day.

If you have any medical, physical or emotional limitations which would prevent you from performing this job, check this box.

Check this box if you agree to undergo a physical examination, paid for by the company, prior to obtaining employment.

Certifications

"Under Maryland Law an employer may not require or demand any applicant for any employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fin not to exceed \$1,000.00"

Applicant's Signature _____ Date _____

I certify that the information contained is correct to the best of my knowledge and understand that falsification of misrepresentation is grounds for dismissal or rejection of this application.

I expressly authorize and consent Boonsboro Ambulance & Rescue Service, Inc. to conduct work history, credit check, reference and police records inquiries as it deems appropriate. If hired, I understand that as part of the criminal background investigation required by Maryland law, I may be fingerprinted. Continued employment may be contingent on the results of this investigation.

I authorize all references listed in this application to give any and all information that they may have, and release all parties from liability for any damages that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of Boonsboro Ambulance & Rescue Service, Inc. and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself, and without notice or liability for wages or salary except such earned at the date of such termination.

Applicant's Signature _____ Date _____

Boonsboro Ambulance & Rescue Service, Inc. is a private, non-profit corporation, chartered by the State of Maryland to provide emergency services in Washington County, Maryland. Boonsboro Ambulance & Rescue Service, Inc. is an equal opportunity employer hires without regard to race, sex, creed or sexual orientation. If you believe your civil rights have been violated in this hiring process, contact the State Labor Relations Board.

Administrative Use Only

Interview Record

Date: _____ Interview Committee: _____

Comments:

Employment Information

Start Date: _____ Employee Number _____ Position _____

Starting Salary: _____ Physical Completion Date: _____ Uniform Issue Date: _____

Station Access Key #: _____ Drug Box Key # _____ Locker # _____ Affiliation Form: _____

Comments: