



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



Candidates Name: \_\_\_\_\_  
Last Name First Name Middle Name

Candidates Cell Phone Number: \_\_\_\_\_

Candidates Email Address: \_\_\_\_\_

Position Applying For: (Circle One) EMT AEMT PARAMEDIC

### INSTRUCTIONS:

Prior to returning the application, the candidate shall have completed all of the following:

- The entire application is completed
- Copy of the candidates Social Security Card is attached
- A Copy of the candidates Valid Driver's License is attached
- A Copy of the candidates Massachusetts EMT, AEMT or Paramedic Card is attached
- A Copy of the candidates BLS for the Healthcare Provider CPR Card is attached
- A Copy of the candidates ACLS Card is attached (if applicable)

### STATEMENT OF DUTY:

EMTs, AEMTs, and Paramedics must provide a variety of tasks in order to serve and protect the community. These tasks include, but are not limited to:

- Perform rescue and lifesaving functions such as providing Emergency Medical Care to patients regardless of race, creed, color, sex, sexual orientation, gender identity, disability, religion, national origin, and ancestry.
- Perform routine maintenance and cleaning work at Leicester Fire-EMS Headquarters, clean and maintain Emergency Medical Services Equipment, and participating in Emergency Medical Service Training Exercises.

### SUPERVISION:

Incumbent works under the general supervision of the EMS Director and EMS Supervisors, receiving orders and following standard operating procedures and guidelines as detailed in the Department Standard Operating Procedures/Guidelines, as well as applicable state and federal laws.



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



### **JOB ENVIRONMENT:**

Work involves exposure to outdoor weather conditions and considerable personal danger during emergencies. Risks of personal injury include exposure to extreme weather, disease, automobile accidents, and violent behavior. A small portion of work is performed in an office setting. Work requires the use of an automobile and Emergency Medical Services equipment. Work involves constant contacts with the public and surround fire departments and other municipal and public agencies.

Work is often performed under extremely stressful conditions. Responsibilities are diverse and require understanding, common sense, and the application of a variety of techniques and practices learned in Emergency Medical Services Training. Incumbent must exercise good judgement and initiative in meeting unforeseen situations and emergencies.

Work is moderately complex and consists of employing many different concepts, techniques, and practices to a specialized field. Work is judgmental in analyzing specific situations and determining appropriate actions to be taken to ensure the safety and protection of personnel and the public. Errors may result in loss or delay of service, personal injury of others, damage to property or equipment, monetary loss and/or legal repercussions.

### **REQUIRED QUALIFICATIONS:**

- Must be at least eighteen (18) years old to apply
- High School Diploma or GED required
- Valid Drivers License Required
- Valid Massachusetts EMT, AEMT, or Paramedic Certification Required
- Valid CPR Card Required
- Valid ACLS Card Required (If applicable)
- Reasonable Driving Record with no DUI/OUI Convictions within five (5) years of applying
- Have good comprehension skills
- Be able to interact with coworkers, supervisors and the general public
- Have good verbal communication skills
- Have good mechanical aptitude to learn technical knowledge and skills
- Ability to function effectively in dangerous situations where personal safety may be in jeopardy and where conditions are stressful
- Ability to work long hours during any type of emergency call



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



### **PHYSICAL & MENTAL REQUIREMENTS:**

A portion of work is performed in general office setting with moderate noise level and requires little or no physical demands. Majority of work is performed in the fields with risk of personal injury. Work involves exposure to outdoor weather conditions, high places, exposure to disease, up to or more than 2/3 of the time. Work requires standing, walking, running, talking, listening, use of hands, kneeling, crawling, crouching, reaching with arms, lifting, climbing, driving, sitting, smelling, and/or balancing up to or more than 2/3 of the time. Good vision and peripheral vision is required of performing duties. Work fluctuates unpredictably throughout the year. Work requires frequent lifting, up to and including 300+ pounds in some circumstances. Job requires the use of automobile, medical equipment, office machines, and/or computers.

### **EDUCATION & EXPERIENCE:**

A candidate for this position must have a High School Diploma or GED equivalent, be certified as an EMT, AEMT, and/or Paramedic in the Commonwealth of Massachusetts, CPR Certification, ACLS Certification (if applicable) possess a valid Drivers License, and successfully complete a background investigation. No experience is necessary, training will be provided.



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS:** All questions must be answered, if not applicable, indicate "N/A". Forms that are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional, information, attach sheets the same size as this form ( 8 1/2" x 11").

### SECTION - I IDENTIFICATION AND DEMOGRAPHICS

Candidates Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

Phone Number: \_\_\_\_\_  
Home Phone Number Cell Phone Number

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

List all other names you have used, including nicknames. If you are a female, please list your maiden name (if applicable). If you have ever used surnames, other than your true name, please list during what period and circumstances these names were used? If you have legally changed your name, please provide the date, location and courthouse name.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States? (Circle One) Yes No



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS:** In chronological order, list all your residences in the past five (5) years. Include addresses while attending school, if away from home. In addition, please include all military addresses including any off post / military installation. Please list your present address first.

### SECTION - II RESIDENTIAL HISTORY

# 1

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you live at this address? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

# 2

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you live at this address? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

# 3

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you live at this address? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

# 4

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you live at this address? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



### SECTION - III EDUCATION AND TRAINING

#### High School

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

#### College/University # 1

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

#### College/University # 2

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

#### College/University # 3

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



### EMT SCHOOL

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

### AEMT SCHOOL

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

### PARAMEDIC SCHOOL

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you attend this school? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



Were you ever dismissed from school or was any disciplinary action taken against you / your scholastic career, including scholastic probation? (Circle One)      Yes      No

If yes, list which school, when it occurred, and explain in detail the circumstances around the disciplinary action, as well as what disciplinary action was taken:

List any awards, honors, citations, positions held while in school organizations, athletic endeavors, and any other special recognition you received while attending school.

### Emergency Medical Services Credentials

Level of Certification: (Please circle one)      EMT      AEMT      PARAMEDIC

Massachusetts EMS Provider #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

CPR Card Expiration Date: \_\_\_\_\_

ACLS Card Expiration Date: \_\_\_\_\_

Please list all foreign languages that you speak and indicate your proficiency in each phase of foreign language as "Slight", "Good", or "Fluent"

Language	Understand It	Speak It	Read It	Write It





# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS:** In chronological order, starting with your current / most recent employment first, then work backwards.

### SECTION - IV EMPLOYMENT HISTORY

Have you ever been dismissed or asked to resign from any employment or position you have held? (Circle One) Yes No

**# 1**

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you work here? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary/Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**# 2**

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you work here? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary/Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



# 3

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you work here? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary/Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

# 4

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you work here? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary/Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

# 5

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

When did you work here? \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary/Hour: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_





# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



### SECTION - VI ORGANIZATIONAL MEMBERSHIPS

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of, which is totalitarian, communist, fascist, subversive or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by violent revolution, or other unconstitutional means? (Circle One)

Yes

No

If the answer is "yes", please explain full on a separate piece of paper and attach to the application.

### SECTION - VII PHYSICAL DATA

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Please describe and list the location of any identifying scars or tattoos:



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS:** Please list three (3) references who are responsible adults of reputable standing in their communities that you have known for at least 2 years or more.

### SECTION - VIII REFERENCES

**# 1**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

Phone Number: \_\_\_\_\_  
Home Phone Number Cell Phone Number

Email Address: \_\_\_\_\_

**# 2**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

Phone Number: \_\_\_\_\_  
Home Phone Number Cell Phone Number

Email Address: \_\_\_\_\_

**# 3**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip Code

Phone Number: \_\_\_\_\_  
Home Phone Number Cell Phone Number

Email Address: \_\_\_\_\_



# LEICESTER EMS DEPARTMENT

## APPLICATION FOR EMPLOYMENT



Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am appointed to the Town of Leicester EMS Department that I am subject to all the rules and regulations of both the Leicester EMS Department and the Town of Leicester. I also understand that an investigation of my background will be conducted by the Leicester Police Department, Leicester EMS Department, and/or the Town of Leicester including but not limited to my education, employment, friends, relatives, military service, neighbor and any other are deemed necessary. I also understand that I will be required to furnish the EMS Department with certain information as required by the EMS Director, including but not limited to my education, employment, friends, relatives, military service and any other areas deemed necessary. I also understand that I will be required to furnish the EMS Department with certain information as required, including but not limited to certain questions contained on this application. I also understand that I will be required to participate in interview(s) as required by the EMS Director. I hereby give the Leicester Police Department, and Leicester EMS Department, and/or the Town of Leicester my permission to view any records, including but not limited to my education, employment, medical, military service and any other records deemed necessary by the EMS Director. I understand that I must complete the requirements listed above successfully, as well as other requirements set forth by the EMS Director, within the specified time. Failure to meet these or any other requirements successfully within the specified time will result in my name being withdrawn for consideration as a candidate for an EMT, AEMT, and/or Paramedic Position for the Town of Leicester, or if already employed, the termination of my employment as a EMT, AEMT, and/or Paramedic, subject to the rules and regulations of the Town of Leicester and the Commonwealth of Massachusetts, Department of Personnel Administration.

**I understand that this is an application for employment and that it does not guarantee a position with the Town of Leicester EMS Department. I further understand that any appointment tendered to me will be contingent upon the results of a complete character investigation and approval by the Leicester Selectboard.**

\_\_\_\_\_  
Signature of Candidate