

TOWN OF CHESTER

Ambulance Service Application

Approved _____	Disapproved _____	Date _____
Position _____	Call Sign _____	
Pager # _____	Radio # _____	Jacket ___ Car Plate _____
Comments:		

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Physical Address			Apt/Unit #
City	State	Zip	Email
Mailing (if different)			Phone
Do you hold a valid driver's license?		If yes, issuing State and number	
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
Have you ever been employed by the Town of Chester?		If yes, when?	
Have you ever been convicted of a felony?		If yes, explain	

EDUCATION	
High School	Did you receive a diploma?
College	Degree
Graduate/Other	Deg/Cert/Lic
Do you currently hold National Registry or Vermont EMS licensure? If yes, what level?	
Have you ever held EMS licensure or certification? If yes, explain	

MILITARY SERVICE			
Branch	From	To	Medic?
			Honorable discharge?
Explain if other than honorable			

REFERENCES (Please list three professional references)	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER and SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application does lead to employment, I understand that false or misleading information in my application or at any other time may result in my immediate release.

Signature: _____

Date: _____

The Town of Chester and Chester Ambulance Service care about your privacy and retain all information received in strict compliance with all privacy laws. We will not use, sell, trade, reproduce or disseminate by other means any personal information without written permission except as required towards direct employment procedure.