



## Employment Application Packet

County Ambulance is Berkshire County's only family owned and operated twenty-four hour emergency and routine transport service. The company formed in June of 1982, as a basic level service and two ambulances. The County Ambulance of today consists of ambulances with twenty-four hour paramedic staffing and many chair cars providing ambulatory and non-ambulatory transportation. We are pleased you have chosen our company to seek employment.

1. The application must be completed in its entirety.
2. A resume may be attached with the application but the application must be completed as well.
3. Please retrieve a current driving record from the appropriate registry of motor vehicles and attach as part of your 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. NY Driving Abstract - <https://my.dmv.ny.gov/crm/>
4. Attach all applicable copies of Massachusetts EMT certification, BLS and/or ACLS, current driver's license and other certifications pertinent to the position applied for.
5. The application and all requested documentation can be mailed to:

County Ambulance Service  
Attention: Luanne Weiskotten  
P.O. Box 752  
Pittsfield, MA 01201  
Or it can be dropped off at 185 Wahconah St. Pittsfield, MA
6. The application and all documentation can be faxed to (413) 443-5472.

As a provider of health care services, to protect the rights the best interest of our clients/patients and fulfill our contractual requirements County Ambulance requires all applicants are subject to a background criminal check. Any employment offer is contingent upon the results of the criminal background check.

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

County Ambulance is Equal Opportunity Employer (EEO). Accordingly, we promote equal opportunity in the areas of recruitment, employment, training, development, transfer, and promotion. Our employment practices are without regard to race, color, religion, creed, gender, age, disability or medical condition, national origin, and veteran status.

P.O. Box 752  
175-185 Wahconah St.  
Pittsfield, MA 01202  
(413)499-2527



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

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed?.....  Yes  No

If so, may we contact your current employer? ..... Yes  No

**Education**

High School: \_\_\_\_\_

College: \_\_\_\_\_

List any specialized school or training that would benefit our organization: \_\_\_\_\_

\_\_\_\_\_

**Health**

Date/Location of last Physical Exam: \_\_\_\_\_

### Work History

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

Name and Address of Employer: \_\_\_\_\_

Name/Title of last supervisor \_\_\_\_\_

Telephone number \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

May we contact this employer?      Yes      No

Name and Address of Employer: \_\_\_\_\_

Name/Title of last supervisor \_\_\_\_\_

Telephone number \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

May we contact this employer?      Yes      No

Name and Address of Employer: \_\_\_\_\_

Name/Title of last supervisor \_\_\_\_\_

Telephone number \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

May we contact this employer?      Yes      No

**Character References**

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to the employment interviewer before submitting. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand that a pre-employment drug screening test will be performed. I release from all liability anyone supplying such information and I also release the employer from all liability that may result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations. I understand that if employed hired I will be considered an at-will employee. My employment may be terminated with or without cause and with or without notice at any time at the option of either County Ambulance or me. I further understand that no representation, whether or oral or written, by any representative of agent of County Ambulance, at any time, can constitute a contract of employment. I further understand that the at-will nature of my employment cannot be changed except by a formal written contract signed by an authorized officer of County Ambulance.

I understand that County Ambulance shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

I hereby release and will hold County Ambulance Service and any individual, company, or entity named in the application process, harmless from any and all liability in connection with obtaining this information. In addition to the above statement,

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application and in any accompanying documents.

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Applicant's Signature

Date

08/13 BKA

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