

South Thomaston Ambulance EMS Employment Application

Director: Amy Drinkwater- 207-322-2309

Name _____

Address: _____

Phone Number: _____

Do you have an EMS License: _____ If so, what level are you? _____

Give names, addresses, and phone numbers of three references not related to you:

1. _____
2. _____
3. _____

Employment Experience:

1. Employer _____ From _____ to _____
Address _____
Type of Work _____
Reason for Leaving _____
2. Employer _____ From _____ to _____
Address _____
Type of Work _____
Reason for Leaving _____

Summarize special skills and qualifications acquires from employment or other experiences.

Education Level:
