

UNIVERSITY OF MASSACHUSETTS LOWELL
EMERGENCY MEDICAL SERVICES

100 Pawtucket Street, Donahue Hall, EMS Office
Office: (978) 934-4785 Fax: (978) 934-2708



EMPLOYMENT APPLICATION

Instructions

- ✓ Complete Application in its entirety
- ✓ Submit Application by Fax or Drop off on 1st floor of Donahue
- ✓ If no one is in the office, slide the application under door
- ✓ Application Close Date: *CURRENT OPEN ENROLLMENT*



IV. Supplemental Information



Have you been convicted of a Felony within the last 5 years?

No Yes: _____

In the last 5 years, have you been issued a citation for a motor vehicle infraction?

No Yes: _____ Date: _____
_____ Date: _____

Do you have any additional experiences, certifications, or training that you would like to share with the hiring staff?

What interests you most in the field of *Emergency Medical Services*?

IV. Applicant Agreement

Receipt of this application and the granting of an interview does not imply that the applicant will be hired.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete. I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references, and an acceptable interview. I understand that employment is for no stated term and may be terminated by me or UMass Lowell Emergency Medical Services.

If employed by UMass Lowell Emergency Medical Services, I will comply and conform to all UML EMS policies, procedures, and regulations, and I understand that, if my employment is terminated and/or suspended for any reason, I must return all property of UML EMS in my custody including keys, identification badge, manuals, equipment, uniforms if any, and patient care run forms before I am entitled to final payment of any sum which may otherwise be due to me upon separation from employment.

Signed: _____ Date: _____

V. Employment Arrangements (to be completed by employer upon interview)

Position:

Availability:

Orientation Date: