

BestCare Ambulance Services, Inc.

**35 Bedford Avenue
Gilford, NH 03249-2204
Transfers 603.527.9119
Business Office 603.527.3553**

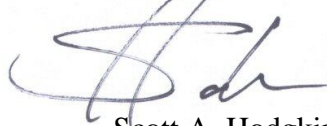
Dear Applicant,

Thank you for your interest in BestCare Ambulance Services. Please find, the application for employment, enclosed with this letter.

Please return the completed application in the enclosed addressed envelope. Proper postage is already on the return envelope, and that means you may simply drop it in the nearest mail box.

Thank you again for your interest and application to BestCare Ambulance.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Hodgkins", written over a light blue circular stamp.

Scott A. Hodgkins,
President,
BestCare Ambulance Services, Inc.

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Application for Employment

Position applied for: EMT-B/I Paramedic RN Paramedic/RN Office/secretarial
 Other _____

Full Legal Name _____
Last First Middle

Address: _____
City State Zip Code

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ E. Mail Address _____

Education:

Check Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma Yes No

Check Number of years of post High School education 1 2 3 4 5 6 7 8

National Registry EMT-Basic Year _____
 EMT-Intermediate Year _____
 EMT - Paramedic Year _____

Name and Location of Institution	Hrs	Degree Rec'd	Major or specialty	Dates attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Experience & Work History

Job Title _____ **Duties** _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate Supervisor _____ Title _____
Salary (Start) _____ (Finish) _____ Reason for Leaving _____
Dates From _____ to _____
_Full Time _Part Time Hours/Week _____ Your Name if different from Present _____

Job Title _____ **Duties** _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate Supervisor _____ Title _____
Salary (Start) _____ (Finish) _____ Reason for Leaving _____
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Job Title _____ **Duties** _____
Employer _____
Address _____

_____ Phone _____
Type of Business _____
Immediate Supervisor _____ Title _____
Salary (Start) _____ (Finish) _____ Reason for Leaving _____
Dates From _____ to _____
_Full Time _Part Time Hours/Week _____ Your Name if different from Present _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills. _____

References

List names, addresses and relationships of three people not related to you who know your qualifications

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal History/Driving Record

Driver's License # _____ State _____ Date of Birth _____

Have you ever been convicted for any violation(s) of Law, including moving traffic violations? YES NO

Description of Offense	Date of Charge	Date of Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional convictions, use plain paper. Include all information listed above.

Motor Vehicle accidents

Date of Accident	Injuries?	Citations/Tickets?	What happened?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment Best Care Ambulance Services, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Best Care Ambulance Services, Inc to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to governmental agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I understand that BestCare Ambulance is an at will employer and that my employment, should I be hired is on an at will basis.

Date _____ Applicant's Signature _____