



DELTA AMBULANCE

29 Chase Avenue | Waterville, ME 04901-4642

P: 207.861.4244 | F: 207.861.4475

DeltaAmbulance.org

24-HOUR DISPATCH

Augusta Area: 207.623.4900 | Waterville Area: 207.861.4244

Dear Candidate,

We thank you for considering our service for employment. Delta Ambulance strives to maintain the highest quality level of pre-hospital providers through detailed evaluation of potential new hire candidates, initial and continuing education and recurring clinical performance reviews.

We assess and hire candidates who have the best chances of being successful and who will go on to have long and prosperous careers here at Delta Ambulance. To assist you with your upcoming interview/skills assessment we would like to offer you the following information and recommendations:

1. Cognitive Examination
 - a. We strongly suggest reviewing the most current EMT and Paramedic textbooks prior to arrival. Examination will be multiple choice and will include rhythm interpretation for ALS providers.

2. Psychomotor Examination
 - a. We recommend visiting the NREMT website and downloading their patient assessment evaluation forms. Our assessments are scored in near alignment with national registry standards.
 - b. Once you have reviewed these forms, practice your assessments and treatments focusing on medical and trauma patient assessments.

3. Prepare for our interview process in advance.
 - a. Our interview will evaluate your abilities to meet the company's needs and to assess whether your qualifications and career ambitions align with the position.

You can visit our website at DeltaAmbulance.org for further information about our organization.

Again, thank you for your interest in Delta Ambulance. We hope that you find this information useful. You are applying to one of the most respected services in the state.

Amanda Johnson
Director of Human Resources



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New Hire Screening

**We will contact you to schedule
our next mandatory screening.**

**29 Chase Ave
Waterville, Maine 04901**



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Employment Consideration

Copies REQUIRED with a completed application

EMT	AEMT	Paramedic
Maine EMS License	Maine EMS License	Maine EMS License
Maine Driver's License	Maine Driver's License	Maine Driver's License
Current BLS Card	Current BLS Card	Current BLS Card
ICS 100	ICS 100	Current ACLS Card
ICS 700	ICS 700	ICS 100
		ICS 700

Copies PREFERRED with a completed application

EMT	AEMT	Paramedic
Geriatric Assessment for EMS Providers (GEMS)	Geriatric Assessment for EMS Providers (GEMS)	Geriatric Assessment for EMS Providers (GEMS)
Advanced Medical Life Support (AMLS)	Advanced Medical Life Support (AMLS)	Advanced Medical Life Support (AMLS)
Pediatric Course (PALS or PEPP)	Pediatric Course (PALS or PEPP)	Pediatric Course (PALS or PEPP)
Trauma Course (ITLS or PHTLS)	Trauma Course (ITLS or PHTLS)	Trauma Course (ITLS or PHTLS)
AVOC/EVOC/CEVO	ACLS	CCEMTP
	AVOC/EVOC/CEVO	AVOC/EVOC/CEVO



Mail completed application to:

Delta Ambulance Employment
29 Chase Ave. Waterville, Maine 04901

Employment Application

Delta Ambulance is an Equal Opportunity Employer. All Applicants are considered for positions without regard to race, gender, color, religion, sexual orientation, national origin, age, qualified disability or handicap, or veteran status.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for the application or any section within this application. Any incomplete applications will not be considered.
3. Please answer all questions as complete as possible.

All information will be treated confidentially.

Administration Use Only

Application Received: _____ Reference Check: _____

All Attachments Included: _____ Hire Date: _____

Applicant Contacted: _____ Pay Rate: _____

Applicant Interviewed: _____ Start Date: _____

Interviewed by: _____

Delta Ambulance Application for Employment

Position Applied for _____ Date of Application _____

Referral Source: Advertisement Employee Relative Govt. Agency Private Agency Web Page
 Other

Name of Referral: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Do you accept text messages? Y or N

May we contact you at work? Y or N Phone: _____

Have you filed an application with Delta Ambulance before? If Yes, Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you been previously employed by Delta Ambulance? If Yes, From _____ to _____ as _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you legally eligible for employment in the United States? Proof of citizenship or immigration status will be required upon employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date Available to begin work: _____

Type of Employment desired: Full Time Part Time Per Diem Educational

Are you currently on lay off and subject to recall? Yes No

Will you relocate if the position requires? yes No Will you travel if required? Yes No

Will you work overtime if required? Yes No

Will you attend an employment screening physical? Yes No

Have you ever been bonded? Yes No Have you been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever had any action taken, or is action pending, against any professional license or certification you _____

Currently hold or ever held? Yes No If yes, please explain: _____

Driver's License Number _____ State _____ Class _____ Expires _____

Employment History

List your last four (4) employers, assignments or volunteer activities, beginning with the most recent, including Military experience. Explain any gaps in employment in the comments section below.

Employer Telephone	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

Employer Telephone	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

Employer Telephone	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
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Employer Telephone	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

Comments (Include explanation of employment gaps) :

Skills Summary

Educational Background

School	No of Years Completed	Degree/Diploma	GPA Class Rank	Major	Minor

Language

Language	Read/Write	Read /Speak	Read Only	Speak Only

Computer Skills

Format	Proficiency level	Certification

Professional Certifications/Licenses

Certification/License	Number / State	Issue Date	Expiry Date

References

Name	Address	City State Zip	Telephone

Professional/Civic Organizations

Organization	Offices Held

Special Accomplishments (without reference to race, religion, national origin, age, handicap, or other protected status)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Delta Ambulance if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Delta Ambulance reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Delta Ambulance has the authority to make assurances to the contrary.

I grant Delta Ambulance the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Delta Ambulance and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I further understand that Delta Ambulance is an equal opportunity employer and does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, Maine, or US Federal law.

This application will be held active for six (6) months. At the conclusion of this time, if I have not heard from Delta Ambulance and I still wish to be considered for employment, it will be necessary for me to complete and submit a new application.

SIGNATURE OF APPLICANT

DATE

Certification Copies Attached

Certification	State	Number
Page 5: Affirmative Action Data Sheet		

**Equal Employment Opportunity/Affirmative Action Identification
Delta Ambulance**

Delta Ambulance does not discriminate on the basis of race, gender, color, religion, national origin, age, sexual orientation, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits. Delta does not discriminate on the basis of sex or handicap in employment activities, pursuant to the requirements of Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Public Law 92-318; Section 504 of the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act (ADA) of 1990, Public Law 101-336; and the Age Discrimination in Employment Act. This policy extends to employment, promotion, educational opportunities, and other employment related activities offered by the company.

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize Delta Ambulance to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience background verifications. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

Inquiries concerning Title VI, Title IX, Section 504, the Americans with Disabilities Act, and the Age Discrimination in Employment should be directed to Office of the Executive Director, 29 Chase Avenue, Waterville, ME 04901; Telephone: (207) 861-4228. Charges of violation of the above policy should also be directed to the Office of the Executive Director.

Voluntary Information

Please provide the following information, which will be used for Affirmative Action statistics only and will be maintained separately from your employment application:

The following information must be printed:

Application Date _____

Name: _____

Gender: Male

Female

Race: American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander
 Black or African American
 Asian
 Hispanic or Latino
 White
 Two or More Races

Optional Information

Disabled Veteran Yes No Specify _____

Vietnam Era Veteran Yes No

Special Disabled Veteran Yes No

Other Protected Veteran Yes No

Recently Separated Veteran Yes No

Armed Forces Service Medal Veteran Yes No