



LISBON EMERGENCY INC.

MEMBERSHIP APPLICATION

Last Name:		First Name:		Middle Initial:
Address:		City:	State/ZIP:	
Telephone:	Pager/Cell phone:		E mail:	

EMPLOYMENT HISTORY

Please list current place of employment first

Employer:		Dates of employment:	
Address:		Reason for leaving:	
Telephone:	Job Title:	Pay Rate:	
Duties:		May we contact employer for reference? Y / N	

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REFERENCES

Please give the name, address, telephone number and the number of years you have been acquainted with the individual. One reference should be a member of MEMS, Inc. Personal, Professional or both in "Type" column.

Name	Address	Telephone	Years	Type

EDUCATION

Maine EMS Learning Center or Out of State EMS School	Instructor		Year Licensee
		EMT-B	
		A-EMT	
		Paramedic	
College	Address	Degree	

Circle "Yes" or "No" for each question. Please provide details below if applicable.

1. Are you over the age of 18? Yes / No
2. Do you have a current and valid driver's license? Yes / No
3. Are you legally eligible for employment in the United States? Yes / No
4. In the past three (3) years, have you knowingly used any amphetamines, narcotics, barbiturates, or other controlled substances that were not prescribed for you by a licensed physician? Yes / No
5. Have you been convicted of a felony or a misdemeanor in the past five years? Yes / No
6. Have you ever defaulted on a student loan or had a federal gun charge? Yes / No
7. Have you had your driver's license more than five years? Yes / No

Please explain any "Yes" answers to question 4 - 6 on the back.

CERTIFICATIONS and DOCUMENTATION

****Please submit a copy of these certifications at the time of interview.** Provide a copy of any other certifications to the training officer as soon as possible.

Course	Cert. #	Cert. Date	Exp. Date	LEMS Use Only Copy Submitted
Maine EMS License**				
CPR (Healthcare Provider)**				
Maine Driver License**				
AVOC or EVOC**				
IS 100, 700**				
HEP B vaccination				
Recommend				
PEPP or PALS or PEAR				
PHTLS				
ACLS				
Maine I/C				

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Lisbon Emergency's designated personnel to investigate and/or verify this information as deemed necessary. I also hereby release all persons, companies, and associations supplying such information from all liability. I indemnify Lisbon Emergency against any liability resulting from such investigations. I understand and accept that any omissions, distortions, and or misinformation given by me is grounds for my immediate dismissal from consideration for employment, or termination from employment if I am hired by Lisbon Emergency. I agree to abide by the By-Laws of, and all policies, rules, and regulations established and set forth by Lisbon Emergency, Inc. I understand that no promises regarding membership have been made to me.

Applicant signature and date

Lisbon Emergency USE ONLY

Action	Date Processed	Result(s)	Initials
Application received			
Application was called			
Interview Date and by			
Membership offer extended			
Start Date and 400's number			