

**TOWN OF BILLERICA EMERGENCY MEDICAL SERVICES**  
**APPLICATION FOR EMPLOYMENT**

Please submit completed forms to:

Ambulance Administrator  
Billerica Police Department  
6 Good Street  
Billerica, MA 01821  
978-667-1212

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. Street City/Town State Zip

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: M / F DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

U.S. CITIZEN: \_\_\_\_\_ NATURALIZED: \_\_\_\_\_  
Yes / No Yes / No

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_

ADDRESS (if different): \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_  
High School 1-2-3-4 College 1-2-3-4 Other

NORTHEAST REGION III CREDENTIALLED: \_\_\_\_\_ OTHER REGIONS: \_\_\_\_\_  
Yes / No Massachusetts

LAST PLACES OF RESIDENCE FOR THE LAST 10 YEARS

**(Please include a résumé and photocopy of all certifications, license and degrees)**

NAME: \_\_\_\_\_  
Last First Middle

1. Have you ever had your certification or medical control rights suspended or revoked:

2. List your past occupations in chronological order in the last 10 years:

3. Do you have a criminal record? : (If yes, include all offenses including traffic violations)

Candidates will be required to submit to a physical and other testing