



**TOWN OF**  
**BROOKLINE, NEW HAMPSHIRE**  
 P.O. Box 360 – 1 MAIN STREET  
 BROOKLINE, NH 03033-0360  
 TELEPHONE: (603) 673-8855 / FACSIMILE: (603) 673-8136  
<http://www.brooklinenh.us>

### APPLICATION FOR EMPLOYMENT

| APPLICANT INFORMATION   |   |               |               |                |                |                                   |                |          |
|---|---|---------------|---------------|----------------|----------------|-----------------------------------|----------------|----------|
| NAME FIRST  |   | MIDDLE NAME   |               | LAST           |                |                                   |                |          |
| ADDRESS   |   |               |               |                | APT. #         |                                   |                |          |
| CITY  |   |               | STATE         |                |                | ZIP                               |                |          |
| MOBILE PHONE #  |   |               | HOME PHONE #  |                |                | OTHER PHONE #                     |                |          |
| E-MAIL ADDRESS  |   |               |               |                |                |                                   |                |          |
| ELIGIBILITY   | Are you legally eligible to work in the U.S.?                           |               |               |                | YES ___        | NO ___                            |                |          |
|   | Are you at least 18 years of age?                                       |               |               |                | YES ___        | NO ___                            |                |          |
|   | Have you previously worked / volunteered for the Town of Brookline, NH? |               |               |                | YES ___        | NO ___                            |                |          |
|   | When _____  |               |               |                |                |                                   |                |          |
| Have you ever been convicted of a felony that has not been annulled by a court? YES ___ NO ___<br>(Conviction will not necessarily disqualify an applicant for employment) If YES, describe conditions: |   |               |               |                |                |                                   |                |          |
|   |   |               |               |                |                |                                   |                |          |
| POSITION INFORMATION  |   |               |               |                |                |                                   |                |          |
| POSITION DESIRED  |   |               |               |                | DATE AVAILABLE |                                   |                |          |
| SALARY DESIRED  | \$  | ___ FULL TIME | ___ PART TIME | ___ PER DIEM   | ___ VOLUNTEER  |                                   |                |          |
| AVAILABILITY – (Indicate all that apply)  |   |               |               |                |                |                                   |                |          |
|   | SUN.  | MON.          | TUES.         | WED.           | THURS.         | FRI.                              | SAT.           | COMMENTS |
| DAYS:   |   |               |               |                |                |                                   |                |          |
| NIGHTS:   |   |               |               |                |                |                                   |                |          |
| ADDITIONAL AVAILABILITY QUESTIONS   |   |               |               |                |                |                                   | COMMENTS       |          |
| Are you able to work weekends?  |   |               | ___ YES       |                | ___ NO         |                                   |                |          |
| Are you able to work Holidays?  |   |               | ___ YES       |                | ___ NO         |                                   |                |          |
| Are you able to work Special Events?  |   |               | ___ YES       |                | ___ NO         |                                   |                |          |
| EDUCATION   |   |               |               |                |                |                                   |                |          |
| HIGH SCHOOL DIPLOMA OR GED?   |   |               | ___ YES       |                | ___ NO         |                                   | NAME OF SCHOOL |          |
| POST-SECONDARY / TRADE  |   | LOCATION      |               | DATES ATTENDED |                | DEGREES / MAJORS / CERTIFICATIONS |                |          |
| SCHOOL NAME   |   |               |               |                |                |                                   |                |          |
|   |   |               |               |                |                |                                   |                |          |
|   |   |               |               |                |                |                                   |                |          |
|   |   |               |               |                |                |                                   |                |          |
|   |   |               |               |                |                |                                   |                |          |

**TOWN OF BROOKLINE, NEW HAMPSHIRE  
EMPLOYMENT APPLICATION CONTINUED**

| EMPLOYMENT HISTORY (Attach additional sheets if necessary)  |                  |                  |                              |                   |  |
|---|------------------|------------------|------------------------------|-------------------|--|
| EMPLOYER  | TELEPHONE NUMBER |                  | DATE HIRED                   |                   |  |
|   |                  |                  |                              |                   |  |
| ADDRESS   | SUPERVISOR       |                  | HOURS WORKED PER WEEK        |                   |  |
|   |                  |                  |                              |                   |  |
| POSITION / TITLE  | DATE SEPARATED   |                  | MAY WE CONTACT THIS EMPLOYER |                   |  |
|   |                  |                  | ___ YES ___ NO               |                   |  |
| DUTIES / RESPONSIBILITIES   |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| REASON FOR LEAVING  |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| EMPLOYER  | TELEPHONE NUMBER |                  | DATE HIRED                   |                   |  |
|   |                  |                  |                              |                   |  |
| ADDRESS   | SUPERVISOR       |                  | HOURS WORKED PER WEEK        |                   |  |
|   |                  |                  |                              |                   |  |
| POSITION / TITLE  | DATE SEPARATED   |                  | MAY WE CONTACT THIS EMPLOYER |                   |  |
|   |                  |                  | ___ YES ___ NO               |                   |  |
| DUTIES / RESPONSIBILITIES   |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| REASON FOR LEAVING  |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| EMPLOYER  | TELEPHONE NUMBER |                  | DATE HIRED                   |                   |  |
|   |                  |                  |                              |                   |  |
| ADDRESS   | SUPERVISOR       |                  | HOURS WORKED PER WEEK        |                   |  |
|   |                  |                  |                              |                   |  |
| POSITION / TITLE  | DATE SEPARATED   |                  | MAY WE CONTACT THIS EMPLOYER |                   |  |
|   |                  |                  | ___ YES ___ NO               |                   |  |
| DUTIES / RESPONSIBILITIES   |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| REASON FOR LEAVING  |                  |                  |                              |                   |  |
|   |                  |                  |                              |                   |  |
| <b>MILITARY SERVICE INFORMATION (PLEASE INCLUDE DETAILED JOB INFORMATION (IF APPLICABLE) IN THE EMPLOYMENT HISTORY SECTION.</b> |                  |                  |                              |                   |  |
| BRANCH OF MILITARY  |                  | DATES OF SERVICE |                              | RANK AT DISCHARGE |  |
|   |                  |                  |                              |                   |  |
| <b>PROFESSIONAL REFERENCES</b>  |                  |                  |                              |                   |  |
| NAME  |                  | RELATIONSHIP     |                              | YEARS KNOWN       |  |
| TELEPHONE #   |                  | E-MAIL ADDRESS   |                              |                   |  |
|   |                  |                  |                              |                   |  |
| NAME  |                  | RELATIONSHIP     |                              | YEARS KNOWN       |  |
| TELEPHONE #   |                  | E-MAIL ADDRESS   |                              |                   |  |
|   |                  |                  |                              |                   |  |
| NAME  |                  | RELATIONSHIP     |                              | YEARS KNOWN       |  |
| TELEPHONE #   |                  | E-MAIL ADDRESS   |                              |                   |  |



**TOWN OF BROOKLINE, NEW HAMPSHIRE  
EMPLOYMENT APPLICATION CONTINUED**

**ADDITIONAL APPLICANT INFORMATION FOR BROOKLINE AMBULANCE SERVICE MEMBERSHIP**

| EMERGENCY MEDICAL CERTIFICATIONS  |                |                      |           |           |  |
|---|----------------|----------------------|-----------|-----------|--|
| NREMT LEVEL   |                | NREMT #              |           | EXP. DATE |  |
| NH EMS LICENSE LEVEL  |                | NH EMS Lic. #        |           | EXP. DATE |  |
| BLS CREDENTIAL  | ___ YES ___ NO |                      | EXP. DATE |           |  |
| ACLS CREDENTIAL   | ___ YES ___ NO |                      | EXP. DATE |           |  |
| PALS CREDENTIAL   | ___ YES ___ NO |                      | EXP. DATE |           |  |
| WHAT MONTH & YEAR DID YOU OBTAIN YOUR <b>INITIAL</b> EMS CREDENTIAL?  |                |                      |           |           |  |
| WHAT MONTH & YEAR DID YOU OBTAIN YOUR <b>CURRENT</b> EMS CREDENTIAL?  |                |                      |           |           |  |
| OTHER EMS OR EMS INSTRUCTOR CREDENTIALS   |                |                      |           |           |  |
| NAME OF CREDENTIAL  |                | CREDENTIALING AGENCY |           | EXP. DATE |  |
|   |                |                      |           |           |  |
|   |                |                      |           |           |  |
|   |                |                      |           |           |  |
|   |                |                      |           |           |  |
|   |                |                      |           |           |  |
|   |                |                      |           |           |  |
| CERTIFICATION / LICENSE ACTION  |                |                      |           |           |  |
| HAVE YOU EVER HAD ANY RESTRICTION, SUSPENSION, OR OTHER ACTION TAKEN AGAINST YOUR EMS CERTIFICATION OR LICENSE IN ANY STATE OR JURISDICTION? ___ YES ___ NO IF YES EXPLAIN BELOW (attach additional sheets if necessary): |                |                      |           |           |  |
|   |                |                      |           |           |  |
| WHY DO YOU WANT TO BECOME PART OF THE BROOKLINE AMBULANCE SERVICE?  |                |                      |           |           |  |
|   |                |                      |           |           |  |
| ARE YOU ABLE TO PERFORM THE FUNCTIONS, DUTIES, AND RESPONSIBILITIES OF AN EMS PROVIDER WITH OR WITHOUT ACCOMMODATIONS? ___ YES ___ NO   |                |                      |           |           |  |
|   |                |                      |           |           |  |

Brookline Ambulance Service may provide reimbursement of initial training for potential members and continuing education, certification, and licensing fees for current members. Brookline Ambulance Service requires a pre-employment physical and drug screen. Please reach out to the Ambulance Chief for further discussions on joining the Brookline Ambulance Service. Completed applications may be dropped off at the Town Hall or Safety Complex or mailed to:

Brookline Ambulance Service - 3 Post Office Drive - Brookline, NH 03033

**TOWN OF BROOKLINE, NEW HAMPSHIRE  
EMPLOYMENT APPLICATION CONTINUED**

**APPLICANT'S SIGNATORY PAGE**

**APPLICANT'S CERTIFICATION & AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Town of Brookline, NH to make an investigation of any of the facts set forth in this application and release the Town, its officers, and employees from any liability.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**APPLICANT'S CONSENT TO BACKGROUND CHECK**

I understand that pre-employment background checks (including, but not limited to, a Criminal Records Check and Motor Vehicle Report) will be conducted by the Town or its representative based upon the information I have provided in this application. I authorize the Town to conduct such background checks.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**APPLICANT'S CERTIFICATION THAT EMPLOYMENT IS "AT-WILL"**

I understand that all employment with the Town of Brookline, NH is on an "at-will" basis, and that employees may resign or be terminated at any time. I further understand that neither this application nor any personnel forms constitute an employment contract.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_