



**TOWN OF  
BROOKLINE, NEW HAMPSHIRE  
AMBULANCE SERVICE  
3 POST OFFICE DRIVE  
BROOKLINE, NH 03033**



Thank you for your interest in Brookline Ambulance Service, BAS. We are a 3<sup>rd</sup> Party Municipal Agency and part of Brookline's Public Safety Team. We provide emergency medical services to the residents and visitors of Brookline and Mason New Hampshire. Whether you are a full time or call member, we are all considered employees at-will of the Town of Brookline, NH. All the members are Nationally Registered and New Hampshire Licensed EMS Providers.

Our Call Members are the backbone of the Department. They provide coverage whenever the Chief or fulltime daytime ALS Provider is unavailable, That includes evenings, overnights, weekends, holidays, and special details. It takes approximately 17,520 hours to staff one ambulance 24-hours per day 7 days per week. The Chief and daytime EMS Provider cover approximately 4,160 of those hours. So, the Call Members are essential to the operation and success of the Brookline Ambulance Service.

Call Members are compensated from the time they spend responding to and completing an EMS Incident, covering for the Chief or daytime EMS Provider, or when they are covering a special detail. BAS will reimburse members for initial and upgraded certification. We also provide on-going training and pay for re-certification & licensing fees.

If you would like to discuss this in more detail, please reach out to the Ambulance Chief at 603-672-6216.

You may also complete the attached application and drop it off at the Brookline Town Hall or Safety Complex.

Thank you again and we look forward to hearing from you.



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 ____ When ____	NO ____			
Have you ever been convicted of a felony that has not been annulled by a court? YES ____ NO ____ (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 SCHOOL NAME		LOCATION		DATES ATTENDED		DEGREES / MAJORS / CERTIFICATIONS		

**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: \_\_\_\_\_