

References: Give the names of three persons not related to you, whom you have know at least one year:

Name	Address	Yrs. Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Give the name of your current employer and your direct supervisor:

Do you have any physical condition or limitation that will preclude you from performing your duties as an EMT? If so, please describe the condition or limitation and what, if anything, can be done to accommodate your condition or limitation: _____

In case of emergency, please notify:

Name	Address	Telephone No.
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The Hilltown Community Ambulance Association, Inc. is an equal opportunity organization and shall not discriminate on the basis of age, gender, color, national origin, or sexual orientation, except as required to fulfill the applicable mandates, rules and regulations of the Laws of the Commonwealth of Massachusetts, the Department of Public Health or the Office of Emergency Medical Services.

I hereby certify that the facts contained in the Application are true, complete and accurate to the best of my knowledge and understand that, if employed, false statements in this Application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous relationships and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if employed at will, my status is for no definite period and may, regardless of date of commencement, be terminated at any time without cause or any prior notice.

Date: _____ Signature: _____

Copies of all current credentials, including your MDL, must accompany this Application

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, **along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L c.6, §172A** and a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c.6 § 172.

Last name	First name	Middle name
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Maiden name	Alias
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Date of birth (MM/DD/YY)	Social Security Number (requested but not required)
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Mailing address	Town	State	Zip code
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I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

Signature of requestor	Date
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**AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR
CORRECTIONAL FACILITY**

_____, SS.

The above-named _____, appeared before me, the undersigned authority, this _____ day of _____, 200__ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public	Correctional Facility Official (give rank and title)
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My commission expires	Correctional Facility Address and Phone
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Commonwealth of Massachusetts
Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119-9100

Request for Driving Record
(Fee \$15)

(Please print clearly)

Date: _____

Name of Requestor: _____

Address of Requestor: _____
as an authorized representative of:

Name of Company/Agency

Company/Agency Address

Requests a Driving Record for the following person (All information MUST Be Supplied)*:

Driver's Name: _____
(Last) (First) (MI)

Driver's Date of Birth: _____
(Month) (Day) (Year)

Driver's License Number: _____

* If you do not know the Driver's License number and believe you may qualify as a "permitted user" of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C, section 2721 et seq. please indicate this to the RMV Associate.