All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our community. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application		
Print full name				
Street address		City	State	ZIP
Main phone number	Alt. phone number	Email		

Skills

1. Are you currently certified as an NYS EMT? ☐ Yes ☐ No Expiration Date:
2. Do you have any training in CPR, First Aid, or other EMS related certification courses? List certifications and expiration dates:

3. Do you have a PALS or equivalent certification? ☐ Yes ☐ No
4. Do you have an ACLS certification? ☐ Yes ☐ No
5. Have you completed NIMS 100, 200, 700 and 800? ☐ Yes ☐ No
6. Are you experienced in using personal computers? ☐ Yes ☐ No ☐ PC ☐ Mac

List any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered.

Employment Experience

Please list your two previous places of employment beginning with the most recent.

Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Have you ever been involuntarily terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, explain.

Explain any gaps in your employment history.

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

List three professional or personal references of individuals who are *not* related to you.

Name and title	Relationship and years acquainted	Phone number or email

General Information

7. On what date are you available to begin work? _____

8. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

9. Are you available to work? ☐ Full time ☐ Part time

10. If applicable to the role, are you available to work a variety of shifts including weekends, holidays, evenings and overnights? ☐ Yes ☐ No

11. Have you ever used another name? ☐ Yes ☐ No

12. Is any additional information related to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ☐ Yes ☐ No

If yes to either of the above, explain:

13. Have you ever volunteered or worked for this Agency before? ☐ Yes ☐ No
    a. If yes, provide dates and position:

14. Do you have friends and/or relatives working for this Agency? ☐ Yes ☐ No

a. If yes, name(s) and relationship(s):

15. Do you have a current and valid driver's license? ☐ Yes ☐ No Expiration Date:

16. Has your license ever been suspended or revoked? ☐ Yes ☐ No

a. If yes, please explain:

17. Excluding minor traffic offenses, have you ever been convicted of a criminal offense that has not been sealed, expunged, or otherwise made confidential by law? Do not disclose arrests not resulting in conviction, sealed records, youthful offender adjudications, or other matters that are not legally permitted to be considered.

A conviction will not automatically disqualify you from employment. Any criminal history will be evaluated in accordance with applicable law, including New York Correction Law Article 23-A. ☐ Yes ☐ No

If yes, give details, including date(s):

17. If offered a position, would you be willing to allow the Agency to complete a background check? ☐ Yes ☐ No

18. If offered a position, would you be willing to take a drug test as a condition of employment? ☐ Yes ☐ No

19. If offered a position, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No

20. Are you at least 18 years old? ☐ Yes ☐ No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

21. If hired, can you submit documentation verifying your identity and your legal right to work in the U.S. within 3 business days of when you begin work for pay? ☐ Yes ☐ No

22. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Read and initial each paragraph below. Ask if there is anything that you do not understand.

_____ I hereby authorize the Agency to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Agency any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Agency, I understand that I am required to comply with all rules and regulations of the Agency.

_____ If hired, I understand and agree that my employment with the Agency is at will and that neither I nor the Agency is required to continue the employment relationship for any specific term. I further understand that the Agency or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the Agency and that the Agency is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

Employment is contingent upon successful completion of all required background checks, credential verification, driving record review, and regulatory screening applicable to EMS personnel.

My electronic signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature:

Name (print):

Date: