Greene County Emergency Medical Systems, Inc

PO Box 655. Cairo NY 12413 P: 518-622-8092 | F: 518-622-8093

Paramedic Employment Application

Demographic Information

Social Security #

Cell Phone #

E-Mail

Age

Name

DOB

Mailing Address

Home Phone #

Work Phone #

Physical Address (if different)

Emergency Contact		Relationship							
Phone #	Alternate Ph	one#							
Driver's License #		State	Exp. Date						
Year's Driving Class	Please attach a copy of your driver's license to this application				this application.				
Have you had any motor vehicle accidents, moving violations or points against your license within the past three (3) years? (<u>Note</u> : Our insurance carrier will obtain a driver's abstract from the DMV and we participate in the N.Y.S. LENS Program.)									
Has your driver's license been susp	ended or revoked	I in the past fiv	e (5) years?	Yes	No				
If you answered "Yes" to either of t	he above question	ıs, please expl	ain below:						
Work Experience									
Occupation									
Present Employer									
Address									
Phone	Time At Present Employer?								
Supervisor									
<u>Work History</u> (Please list all EMS or related experience you may have – include agency name(s), dates active, supervisor name(s) and phone number(s):									
Agency Name	ne Dates Active		Supervisor		Phone Number				
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Education and Professional Certifications

Please list all EMS certifications and attach copies of all cards with this application:													
NYS DOH EMT-Pa	EMT-Paramedic # Expiration Date												
CPR (Exp. Date)			ACLS (E	xp. Da	te)			PALS (I	Exp. Dat	te)			
Past Certifications (List):													
Other Certification	<u>ns</u> (List E	3elow – E	x: NRP, E	voc, c	IC/CLI, N	MS, et	c.):						
Please indicate yo	ur highe	est level o	f formal e	ducation	on:								
High School	GED		College	Years	Comple	ed: 1	1 2 3 4+ Associate's Degree						
Bachelor's Degree	9	Master's	Degree		Doctorat	9	Oth	Other					
<u>Legal</u>													
Have you ever bee	en convi	cted of a f	felony or	misden	neanor?				Ye	s		No	
Are there any cha	rges cur	rently per	nding aga	inst yo	u in any o	ourt of	law?		Ye	s		No	
Have you ever bee	en dismi	ssed or s	uspended	l from a	ny organ	ization	?		Ye	s		No	
If you answered "	Yes" to a	any of the	above qu	uestion	s, please	explair	belo	w:					
Are you a U.S. Citizen or legally allowed to work in the United States? Yes No													
If you answered "	No", plea	ase explai	in below:										
<u>Limitations</u> (Do yo ability to function								impair yo	Ye Ye	s		No	
References (Please list three personal or professional references. They must be people you have known for at least one year and may not be relatives. These individuals may be contacted about your character, fitness and emotional stability to provide EMS care.)													
Name							Pho	пе					
Address													
Name							Phoi	ne					
Address													
Name							Pho	ne					
Address													

Affirmation and Acknowledgment

Please carefully read the statement below and sign the agreement.

In completing this application for employment, I certify that the information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation as an employee. I also understand that I am required to abide by all rules, regulations and policies of Greene County EMS. I agree that Greene County EMS shall not be liable, in any respect, if my employment is terminated because of the falsity of statements made by me on this application.

I authorize a background check and/or investigation of all statements contained in this application, as may be necessary for arriving at an employment decision.

I understand that information concerning my past record may be sought from any employer and/or organization that I have volunteered with and I hereby release from liability or damages those individuals, corporations, or organizations who provide such information.

I understand that such information provided shall become the exclusive property of Greene County EMS.

I understand and acknowledge that, unless otherwise defined by applicable law, employment with Greene County EMS is of an "at will" nature, which means that I may resign at any time and that Greene County EMS may discharge me at any time with or without cause.

By signing below, I certify that this application was completed accurately and honestly by me.

Applicant's Signature	ם	Date	
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<u>NOTE</u>: Applications are accepted on an ongoing basis and will be kept on file for a period of one year from the time that they are received. You may submit addendums to your application; with any new, relevant, work experience or certifications, at any time during that period. You may be contacted for an interview, as vacancies in our schedule arise. If you have not been contacted for an interview within the one year period, a new, complete application will need to be submitted.