

Education and Professional Certifications

Please list all EMS certifications and <u>attach copies of all cards with this application</u> :											
NYS DOH EMT-Paramedic #							Expiration Date				
CPR (Exp. Date)				ACLS (Exp. Date)				PALS (Exp. Date)			
<u>Past Certifications</u> (List):											
<u>Other Certifications</u> (List Below – Ex: NRP, EVOC, CIC/CLI, NIMS, etc.):											
Please indicate your highest level of formal education:											
High School		GED		College	Years Completed:	1	2	3	4+	Associate's Degree	
Bachelor's Degree			Master's Degree			Doctorate		Other _____			

Legal

Have you ever been convicted of a felony or misdemeanor?			Yes		No	
Are there any charges currently pending against you in any court of law?			Yes		No	
Have you ever been dismissed or suspended from any organization?			Yes		No	
If you answered "Yes" to any of the above questions, please explain below:						
Are you a U.S. Citizen or legally allowed to work in the United States?			Yes		No	
If you answered "No", please explain below:						

<u>Limitations</u> (Do you have any limitations, physical or otherwise, that may impair your ability to function as a paramedic? – If "Yes", please explain below.)			Yes		No	

<u>References</u> (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					Phone			
Address								
Name					Phone			
Address								
Name					Phone			
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		Date	
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NOTE: 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.