

Greene County Emergency Medical Systems, Inc

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

Paramedic Employment Application

Applicant Information

Name											
Mailing Address											
Physical Address (if different)											
DOB				Age			Social Security #				
Home Phone #						Cell Phone #					
Work Phone #						E-Mail					
Emergency Contact						Relationship					
Phone #						Alternate Phone #					
Driver's License #					State			Exp. Date			
Year's Driving			Class			<i>Please attach a copy of your driver's license to this application.</i>					
Have you had any motor vehicle accidents, moving violations or points against your license within the past three (3) years? (<i>Note: Our insurance carrier will obtain a driver's abstract from the DMV and we participate in the N.Y.S. LENS Program.</i>)								Yes		No	
Has your driver's license been suspended or revoked in the past five (5) years?								Yes		No	
If you answered "Yes" to either of the above questions, please explain below:											

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 (List):</u>											
<u>Other Certifications (List Below – Ex: NRP, EVOC, CIC/CLI, NIMS, etc.):</u>											
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 _____					

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	Dates Active	Supervisor	Phone Number				
Have you ever been dismissed or suspended from any organization?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No					
If you answered “Yes”, please explain below:							
Are you a U.S. Citizen or legally allowed to work in the United States?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
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.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
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, Inc. I agree that Greene County EMS, Inc. 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, Inc.

I understand and acknowledge that, unless otherwise defined by applicable law, employment with Greene County EMS, Inc. is of an "at will" nature, which means that I may resign at any time and that Greene County EMS, Inc. 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.