



# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

POSITION(S) APPLIED FOR	DESIRED STATUS FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER-DIEM <input type="checkbox"/>	DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US? ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER <input type="checkbox"/>		

**PERSONAL DATA**

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		CITY
		STATE
		ZIP CODE
TELEPHONE NUMBER(S)		SOCIAL SECURITY NUMBER
ELECTRONIC MAIL (E-MAIL) ADDRESS		

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?    YES     NO

ARE YOU AT LEAST 21 YEARS OF AGE?    YES     NO

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?    YES     NO

IF YES, SPECIFY DATE(S) \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?    YES     NO

IF YES, SPECIFY DATE(S) \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?    YES     NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES     NO

ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES?    YES     NO   
 (Proof of citizenship or immigration status will be required upon offer of employment)

DATE YOU WOULD BE AVAILABLE TO START \_\_\_\_\_

ARE YOU CURRENTLY ON LAYOFF STATUS AND SUBJECT TO RECALL?    YES     NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?    YES     NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE LAST 7 YEARS?    YES     NO   
 (Conviction will not necessarily disqualify an applicant from employment.)

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN INVOLVED IN ANY TRAFFIC ACCIDENTS IN THE LAST 5 YEARS?    YES     NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY MOVING TRAFFIC VIOLATIONS IN THE LAST 5 YEARS?    YES     NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_



**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

**CERTIFICATIONS**

Check if current	Certification	Expiration
	NYS EMT Certification Number _____ Level _____ Check if Nationally Registered: <input type="checkbox"/>	
	Critical Care Transport EMT-P (CCEMT-P)	
	Cardiopulmonary Resuscitation (CPR) Check one: AHA <input type="checkbox"/> ARC <input type="checkbox"/>	
	Advanced Cardiac Life Support (ACLS)	
	Pediatric Advanced Life Support (PALS)	
	International Trauma Life Support (ITLS) or Prehospital Trauma Life Support (PHTLS)	
	FEMA National Incident Management System (NIMS) - Specify:	

**DRIVERS LICENSE INFORMATION**

DATE OF BIRTH	STATE ISSUED	LICENSE NUMBER

**OTHER SKILLS/EXPERIENCE**

LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRACURRICULAR ACTIVITIES

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY



**EMPLOYMENT/WORK EXPERIENCE**

Start with your present or most recent job. Include volunteer activities and job related military assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

EMPLOYER		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	DATES EMPLOYED (FROM-TO)	
ADDRESS					TELEPHONE	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY	

EMPLOYER		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	DATES EMPLOYED (FROM-TO)	
ADDRESS					TELEPHONE	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY	

EMPLOYER		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	DATES EMPLOYED (FROM-TO)	
ADDRESS					TELEPHONE	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY	

EMPLOYER		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	DATES EMPLOYED (FROM-TO)	
ADDRESS					TELEPHONE	
JOB TITLE	SUPERVISOR		REASON FOR LEAVING			
DESCRIBE WORK PERFORMED				STARTING SALARY	FINAL SALARY	

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

---



---



---



---



---



---



---



---

**OTHER QUALIFICATIONS**

SUMMARIZE SPECIAL, JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status)

---



---



---



---



---



**PERSONAL REFERENCES**

List 3 persons not related to you who can attest to your personal character.

NAME		HOW KNOWN
ADDRESS		TELEPHONE
NAME		HOW KNOWN
ADDRESS		TELEPHONE
NAME		HOW KNOWN
ADDRESS		TELEPHONE

**JOB REQUIREMENTS DISCLOSURE**

NOTE: DO NOT ANSWER THIS QUESTION INLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES  NO

**APPLICANT STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONNEL DEPARTMENT USE ONLY**

Arrange interview YES  NO

Remarks \_\_\_\_\_

Employed YES  NO  Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly rate/salary \_\_\_\_\_ Department \_\_\_\_\_

by \_\_\_\_\_ NAME AND TITLE DATE

ADDITIONAL NOTES

**Finger Lakes Ambulance EMS, Inc.**

**Federal Drivers Privacy Protection Act**

**Authorization to Obtain Motor Vehicle Records**

For the sole purpose of determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal Regulations of compliance, I, \_\_\_\_\_ authorize Lawley Andolina LLC to obtain my Motor Vehicle Record (MVR) and release the information to my employer/prospective employer, Finger Lakes Ambulance EMS, Inc. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents which may be on record through the New York State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my becoming an employee of Finger Lakes Ambulance EMS, Inc., I further authorize any/all additional requests for my Motor Vehicle Report to be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

\_\_\_\_\_  
Signature of employee/potential employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date Signed

\* "Personal Information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5 digit zip code), telephone number, and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.