



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 _____

HAS YOUR HEALTHCARE PROVIDER LICENSURE/CERTIFICATION EVER BEEN SANCTIONED, REVOKED OR RESTRICTED BY A GOVERNMENT AUTHORITY? YES NO

IF YES, PLEASE PROVIDE DATES, REASON, TYPE OF SANCTION/RESTRICTION, AND CURRENT SANCTION STATUS: (ATTACH OTHER SHEET IF NEEDED)



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



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 information on this application and its supporting documents is accurate and complete.

I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment; or termination from employment if discovered at a later date. I authorize Finger Lakes Ambulance EMS, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Finger Lakes Ambulance EMS, Inc. serve at will and the employment relationship may be terminated at any time by either party, for any or no reason (except for reasons prohibited by law). If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I will be paid for hours worked only, and will be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand the first 90 days of regular employment represent an initial provisional period, during which I would not be eligible to apply for transfer or promotion, and during which I may be terminated.

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.