

Greene Emergency Squad Inc.

30 Birdsall Street

Greene NY 13778

607-656-5688

Fax: 607-656-5677

APPLICATION FOR EMPLOYMENT

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Telephone Number () _____ Cell Phone / Pager _____

SSN # _____ Do you possess a valid drivers license? (Yes) (No)

EMT Certification # _____ Certification Level _____

Position Desired

Career _____ Volunteer _____

Date that you are first available to start work: _____ Desired Salary: \$ _____

Please submit a copy of your current Drivers License and Conviction Stub, EMT, CPR, or any other valid certification cards or certificates.

Questions In General

Have you ever been convicted of a crime? (Yes) (No)

If yes please describe the nature of the offense, when, where and Disposition: _____

Have you ever been employed here before? (Yes) (No)

If yes please give dates of employment and reason for leaving. ___/___/___ to ___/___/___

Reason for leaving. _____

Have you ever submitted an application here before? (Yes) (No) If yes when? ___/___/___

Please list any Special Training or Certificates you may possess. _____

How did you learn of our service? _____

Have your privileges to practice as an EMT/ AEMT ever been suspended or revoked? ____

If yes, Please explain.

Employment History

Please list most recent employer first, along with a 5-year employment history in order of employment.

Present or most recent employer:

Name and address of employer, _____

Immediate supervisor: _____ May we contact Supervisor? (Yes) (No)

Describe duties or positions held: _____

Dates of employment: ___/___/___ to ___/___/___ Phone Number () _____

Salary: \$ _____ Reason for leaving: _____

Name and address of employer, _____

Immediate supervisor: _____ May we contact Supervisor? (Yes) (No)

Describe Duties or positions held: _____

Dates of employment: ___/___/___ to ___/___/___ Phone Number () _____

Salary: \$ _____ Reason for leaving: _____

Name and address of employer, _____

Immediate supervisor: _____ May we contact Supervisor? (Yes) (No)

Describe Duties or positions held: _____

Dates of employment: ___/___/___ to ___/___/___ Phone Number () _____

Salary: \$ _____ Reason for leaving: _____

Name and address of employer, _____

Immediate supervisor: _____ May we contact Supervisor? (Yes) (No)

Describe Duties or positions held: _____

Dates of employment: ___/___/___ to ___/___/___ Phone Number () _____

Salary: \$ _____ Reason for leaving: _____

Name and address of employer, _____

Immediate supervisor: _____ May we contact Supervisor? (Yes) (No)

Describe Duties or positions held: _____

Dates of employment: ___/___/___ to ___/___/___ Phone Number () _____

Salary: \$ _____ Reason for leaving: _____

Please account for any "Gaps" in your Employment History: _____

Education & Other Training

Do you possess a High School Diploma or Equivalent? (Yes) (No)

Do you possess a College Degree? (Yes) (No)

If yes, please list Major (s) of study: _____

List names of schools, which you attended, Course of study, and degree, or diploma (s) received:

Please list training history:

Instructor:	Course Location	Level of Cert.	Dates of Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Service

Please list current or previous affiliations with volunteer services (Fire, EMS, Other)

References

Please list names, addresses and phone numbers of 3 personal references:

1. _____
2. _____
3. _____

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to may any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date _____ Signature _____

Interviewed By _____ Date _____

(DO NOT WRITE BELOW THIS LINE)

REMARKS:
