



Greene Emergency Squad, Inc.

30 Birdsall Street, Greene NY 13778

Phone: (607) 656-5688

www.greeneems.com

Application for Employment

Please fill out the following application and return to the address above or by emailing it to: captain@greeneems.com. A valid driver license and NYS EMS certification are required for employment. Please attach copies of your driver license, EMS certification, along with other applicable information (CPR/ACLS/PALS) certifications. This is not required when turning in your application but it cannot be fully processed until this information is provided.

Applicant Information

| | | | |
|---|-------------------|---------------------------|--------------------------|
| Last Name: | First Name: | M.I.: | |
| Street Address: | Apt/Unit: | | |
| City: | State: | Zip: | |
| Phone: () | Email: | | |
| SSN: | Application Date: | | |
| Have you ever applied for employment with Greene Emergency Squad, Inc.? | | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, when date you apply? | | | |

Position Desired

| <input type="radio"/> Full-Time | <input type="radio"/> Part-Time | <input type="radio"/> Per-Diem | |
|---|---------------------------------|--------------------------------|--------------------------|
| Desired Wage: \$ / hr | Desired Starting Date: | | |
| Are you legally eligible to work in the U.S.? | | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever been charged with a crime, regardless of the disposition? | | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, please explain: | | | |
| NYS EMS Certification Level | NYS EMT Number | Expiration Date | |
| <input type="radio"/> EMT | | | |
| <input type="radio"/> AEMT- Intermediate | | | |
| <input type="radio"/> AEMT- Critical Care | | | |
| <input type="radio"/> AEMT- Paramedic | | | |
| Have you ever had your privileges to practice revoked or suspended? | | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, please explain: | | | |

Driver License Information

| | |
|--|------------------------|
| Driver License Issuing State: | Driver License Number: |
| Have your driving privileges ever been suspended or revoked? | |
| <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, for what reason? | |

Education

| | | | | |
|---------------------|------------|--|---------------------------|--------------------------|
| High School: | | Address: | | |
| From: | To: | Did you graduate or obtain a GED? | <input type="radio"/> Yes | <input type="radio"/> No |
| College: | | Address: | | |
| From: | To: | Did you Graduate? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree: | | | | |
| College: | | Address: | | |
| From: | To: | Did you Graduate? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree: | | | | |

Additional Education, Classes & Training

| | | | | |
|------------------------------|------------|-------------------|---------------------------|--------------------------|
| Course / Class: | | Address: | | |
| From: | To: | Completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree/Certification: | | | | |
| Course / Class: | | Address: | | |
| From: | To: | Completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree/Certification: | | | | |
| Course / Class: | | Address: | | |
| From: | To: | Completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree/Certification: | | | | |
| Course / Class: | | Address: | | |
| From: | To: | Completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree/Certification: | | | | |
| Course / Class: | | Address: | | |
| From: | To: | Completed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Degree/Certification: | | | | |

Employment History

| | |
|---|---------------------|
| Company: | Address: |
| From: | To: |
| Supervisor: | Phone: () |
| Wage: \$ /hr | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |
| | |
| Company: | Address: |
| From: | To: |
| Supervisor: | Phone: () |
| Wage: \$ /hr | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |
| | |
| Company: | Address: |
| From: | To: |
| Supervisor: | Phone: () |
| Wage: \$ /hr | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |

Previous Emergency Service Experience

| | |
|---|---------------------|
| Agency: | Contact Info: |
| From: | To: |
| Supervisor: | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |
| | |
| Agency: | Contact Info: |
| From: | To: |
| Supervisor: | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |
| | |
| Agency: | Contact Info: |
| From: | To: |
| Supervisor: | Reason for Leaving? |
| May we contact them? <input type="radio"/> Yes <input type="radio"/> No | |

References

| | | |
|------------|-----------------|--------------|
| Full Name: | Relationship: | Years Known: |
| Address: | Phone: () | |
| | | |
| Full Name: | Relationship: | Years Known: |
| Address: | Phone: () | |
| | | |
| Full Name: | Relationship: | Years Known: |
| Address: | Phone: () | |

Greene Emergency Squad, Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsifying information on this application is grounds for refusing to hire me, or for discharge in the event that the information is discovered after my employment.

I authorize any person, organization or company listed on this application to furnish you and all information concerning my previous employment, education, qualifications for employment and other information that may be required to determine my eligibility/consideration for employment.

I also authorize Greene Emergency Squad, Inc. to use the information provided to perform a background check and acknowledge that the information obtained will be kept confidential and on file with this information for at least a year from the date I have submitted this application.

I also acknowledge that any offer for employment with Greene Emergency Squad, Inc. may be withdrawn at any time, with or without notice, at the discretion of Greene Emergency Squad, Inc.

Applicant Signature:

Date:

For Agency Use Only

Date Received:

Received By:

Interview Date:

Second Interview Date:

Agency Decision

Employment Offer Extended

Employment Offer Denied

If denied, for what reason?

Date:

Applicant Decision

Offer Accepted

Offer Rejected

If rejected, for what reason?

Date:

Date Filed:

Application Status

- Open, retain for future use*
- Closed, new application required*
- Not eligible for hire at any time*

Documents Received:

Driver License

EMT Certification

CPR

ACLS

PALS

Other: _____

Comments: _____
