

**PARKLAND AMBULANCE SERVICE, INC.
 MOHAWK AMBULANCE SERVICE/SCHENECTADY AMBULANCE SERVICE, INC.
 793 STATE STREET, SCHENECTADY, NEW YORK 12307**

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
Last
First
Middle
Maiden

Address: _____
Number
Street
City
State
Zip

Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Are you over 18 years of age? Y N

Are you over 21 years of age? Y N

If not a US Citizen, do you have the legal right to remain permanently and work in the United States?
Y N

Position Applying For: EMT/Paramedic Dispatcher WC Van Driver

Billing Office: Verifier Biller Other: _____

EMT/AEMT#: _____ Expiration Date: _____

Are you EMD Certified? Y N

Do you have a CDL? Y N

Other Certifications: _____

Availability:

Monday	__Day	__Night
Tuesday	__Day	__Night
Wednesday	__Day	__Night
Thursday	__Day	__Night
Friday	__Day	__Night
Saturday	__Day	__Night
Sunday	__Day	__Night
	__ No Restrictions	

Comments: _____

Current/Previous Employment

Company Name: _____

Address: _____
Number Street City State Zip

Job Title: _____ Dates: From: _____ To: _____

Reason for Leaving: _____

Supervisor: _____ Phone: _____ Contact? Y N

Company Name : _____

Address: _____
Number Street City State Zip

Job Title: _____ Dates: From: _____ To: _____

Reason for Leaving: _____

Supervisor: _____ Phone: _____ Contact? Y N

Company Name: _____

Address: _____
Number Street City State Zip

Job Title: _____ Dates: From: _____ To: _____

Reason for Leaving: _____

Supervisor: _____ Phone: _____ Contact? Y N

Personal References: other than relative or employer

Name: _____ Phone: (____) _____

Address: _____
Number Street City State Zip

Name: _____ Phone: (____) _____

Address: _____
Number Street City State Zip

If referred by an MAS employee, please specify who: _____

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application and affirm that they are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of facts called for is cause for immediate dismissal at any time without previous notice. I hereby give permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release Parkland Ambulance Service, Inc. and any persons who respond to its inquiry from any and all liability as a result of such investigations.

I also understand that (1) Parkland Ambulance Service, Inc. is a drug free employer having a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of periodic and random testing under such policy.

I agree to take a physical examination prior to employment and at any time at the request of Parkland Ambulance Service, Inc. and at no personal expense to me, and agree that the examining physician or their representative may disclose the findings to the company or an authorized agent of the company.

Parkland Ambulance Service, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Signature of Applicant: _____ Date: _____