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

APPLICATION FOR EMPLOYMENT

			Date:		
lame:	First	First			Maiden
address:					
Number	Street		City		State Zip
Phone: ()	Cell Phone <u>:</u>	()		_Email:	
Are you over 18 years of age?		Υ		N	
Are you over 21 years of age?		Υ		N	
f not a US Citizen, do yo	ou have the legal righ	t to rema Y	in permanently	and work in t	the United States?
osition Applying For:	EMT/Parame	edic	Dispatcher	WC Van D	river
Billing Office:	Verifier		Biller	Other:	
MT/AEMT#:			Expiration Da	te:	
Are you EMD Certified?		Υ		N	
Do you have a CDL?		Υ		N	
Other Certifications:					
ailability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday		Da Da Da Da Da Da	y y y y y	NightNightNightNightNightNightNightNight	
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Comments:					

certain critical functions which include driving a motor vehicle in emergency situations and other physically demanding tasks such as the treatment, lifting and moving, and transporting of the ill and injured. The New York State Department of Health has issued written functional position descriptions for Emergency Medical Technician - Basic (EMT-B) and Advanced Emergency Medical Technician (AEMT) positions which are available to any job applicant upon request or on the NYS DOH website. Are you able to satisfy the functional requirements for the position you are applying for, with or without reasonable accommodation? Have you ever worked for this company before? If yes, reason for leaving: Have you ever been convicted of a crime? Υ Ν If yes, list all misdemeanors and felonies, including date(s), offense(s) and disposition(s) and the State(s) in which the conviction(s) occurred. Do not list convictions under a youthful offender status, convictions that have been sealed under New York's Criminal Procedure Law, or adjournments in contemplation of dismissal. Please note that a conviction of a crime does not necessarily result in a disqualification from employment. Motor Vehicle Experience Do you have a valid driver's license? Υ Ν Have you been a licensed driver for more than 3 years? Υ Ν Driver's License #: State: Violations or Accidents Υ Ν If yes, please specify: Education High School: Location Years Completed Location Years Completed Degree Other:

Location

Degree or Certification Obtained

School

Employees who work in the Field Operations Division of Mohawk Ambulance Service must perform

Current/Previous Employment

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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: