

Position Application:

Employee Level

EMT: **AEMT:** Other(List): _____

Applying For:

Driver: **CC:** **Paramedic:**

Certification Information:

Certification Number: _____ Date Issued: _____ Expires: _____

Date Available to Start: _____

Are you legally eligible for employment in the United States? Yes: No:

Are you able to work (check all applicable):

Days:	<input type="checkbox"/>	Evenings:	<input type="checkbox"/>
Nights:	<input type="checkbox"/>	Weekends:	<input type="checkbox"/>
Holidays:	<input type="checkbox"/>	Rotating Schedule:	<input type="checkbox"/>

Have you ever been convicted or pled guilty to a felony or misdemeanor? Yes: No:

Do you have any pending criminal charges against you? Yes: No:

If you have answered "yes" to either of the two above questions, please explain in detail below.

Please note that a conviction record will not necessarily bar you from employment. Factors, inclusive of, but not limited to the seriousness, dates and nature of violation and rehabilitation will be taken into account.

Date(s) of offense(s):

Description of offense(s):

Location of Court(s):

Disposition(s) or Sentence(s):

Personal Information:

Have you ever applied for membership or employment with HEMS before? Yes: No:
If yes, please provide date(s).

Have you ever been employed or volunteered with us before? If yes, please provide date(s). Yes: No:

Do you have a relative or friend employed with us? Yes: No:

Who? _____

Who referred you to HEMS? _____

Are you currently employed? Yes: No:

Current Employer: _____
Employer City State Phone

May we contact your current employer? Yes: No:

Do you have a valid license? Yes: No:

Has your license ever been revoked or suspended? Yes: No:

Have you ever applied for, or held membership/employment in an emergency service organization, either paid or volunteer? Yes: No:

Name of organization? _____
Organization City State Phone

Organization City State Phone

Organization City State Phone

Organization City State Phone

Position(s) held? _____

Education:

	Address	City	State	Zip	Graduate? Y: <input type="checkbox"/> N: <input type="checkbox"/>	Highest Degree
High School						
College						
Graduate						
Other						

Employment History (provide for previous 10 years):

Employer's Name, Address, Zip, Telephone #, Supervisor's Name	Dates:		Position Held	Hrs/Week Worked	Salary	Reason for Leaving
	From	To				

May we contact all of the employers listed above? Yes: No:

If No, indicate which ones: _____

Personal references:
 List three personal references who have known you for three or more years. (NO RELATIVES)

Name	Relationship	Address	State	Zip	Phone

Professional references:
 List three professional references who have known you for three or more years. (NOT IMMEDIATE SUPERVISOR)

Name	Relationship	Address	State	Zip	Phone

Disclosures:

I understand that acceptance of this application by HEMS is not an extension of employment, and does not guarantee any right, privilege or obligation of HEMS to provide me with an interview or formal consideration for employment.

Applications/materials submitted to HEMS during the employment process become the property of SEMS and will not be returned.

Applications will remain on file for consideration of interview for a minimum of twelve months, at which time they will be destroyed if no action is taken.

Acceptance of this application by HEMS does not afford the candidate the opportunity to participate in any activity related to SEMS without the expressed written permission of the Board of Directors or designee.

HEMS does not accept unsolicited contact from applicants pertaining to the status of an application. If an applicant requires information, or would like to add material to their application portfolio, please address it in writing to:

*Headwaters EMS
Stamford, NY 12167*

I understand that as a condition of employment with HEMS I may be required to provide; post offer; a negative urinalysis for drugs and/or alcohol. Any positive screening, which includes but is not limited to dilute status, refusal to provide a specimen, knowingly providing a false specimen, providing false credentials, failure to maintain appointments and leaving appointments prior to specimen collection will result in immediate termination of membership/employment.

I understand that prior to being offered employment, I further authorize, HEMS to conduct a background investigation from the materials provided in and with this application inclusive of, but not limited to criminal background checks, education verification checks, personal and professional references, employment verification checks, OIG Medicare Exclusion check, NYS OMIG Medicaid Exclusion check, and Professional Certification checks. Results of these checks will contribute to employment/volunteering opportunities.

I understand that any misrepresentation, falsification or omission of information on this application will result in the termination of consideration of my application or will be grounds for immediate termination if discovered after any offer of employment/membership has been made.

I understand and agree that if offered employment with HEMS that HEMS is an at-will organization and may terminate my employment at any time, without cause and without prior notice.

Signature: _____

Print: _____

Date: _____

Once complete, please remit to the address at the top
or email to: ray@hemsny.org