



## APPLICATION FOR EMPLOYMENT

Newark-Arcadia Volunteer Ambulance Inc is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application and/or interview process, he or she should contact a company representative.

DATE OF APPLICATION: \_\_\_/\_\_/

DATE AVAILABLE TO START: \_\_\_/\_\_\_/

APPLICANT INFORMATION											
Last Name			First Nam	ne			Middl	Middle			
Street Address						Apartment/Unit #					
City				State				ZIP			
Primary Phone				Secondar	ry Phone	e					
Position Stat	us (Circle) F	ull Time	Part Time	Email Ado	Email Address						
Position(s) A	- Basic [ ] Other	::									
Are you auth	orized to work in	the U.S.?	YES	NO	D	Date of birth:					
Have you ever worked for this company?			YES	NO	If	If so, when?					
Have you ever been known by a different name?			YES	NO		If so, what name?					
Please indic	ate availability	below:	Tue	esday	Wednes	day	Thursday	Frida	ау	Saturday	
Start Time						-			-		
End Time											

If needed, are you available to work over time? Do you have reliable transportation to and from wo Are you willing to travel if the job requires it? Do you have a valid New York State Driver's License		Yes Yes Yes	No No No					
Driver's License Number:	_	Issuing State:						
Class: Expiration Date:		Endorsements:						
Are you able to perform the essential functions of the job, for which you are applying, such as lifting, either with or without reasonable accommodation? Yes No (Note: Newark-Arcadia EMS complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)								
EDUCATION								
High School	Address							
Did you YES NO graduate?		Awards						
College	Address							
Did you YES NO praduate?	YES NO Degree Awards							
Other	Address							
Did you YES NO graduate?		Awards						
EMS CERTIFICATIONS								

Certification	Certification Number	Expiration Date	Certifying Agency
EMT-Basic			
EMT-Paramedic			
PEPP/PALS			
ACLS			
GEMS			
ITLS			
Other:			

MILITARY SERVICE								
Branch		From		То				
Rank at Discharge			Type of Discharge					
If other than honorable, explain								

PREVIOUS EMPLOYMENT												
Have you ever been terminated or discharged from a position, or asked to resign instead of being terminated. If so, please explain:												
Company						Phone	(	)				
Address						Superviso						
Job Title	May we contact your previous supervisor for a YES NO reference?											
Responsibil	ities						P	hone #:				
From		То		Reason for Leaving								
	1					1						
Company						Phone	(	)				
Address						Superviso						
Job Title	Job Title May we contact your previous supervisor for a YES NO reference?								NO			
Responsibil	ities		I	1	1		Phone #:					
From		То		Reason for Leaving								
	1											
Company						Phone	(	)				
Address						Superviso						
Job Title						May we co reference?	ont	act your previous supervisor for a YES	NO			
Responsibil	ities		1				Т	elephone #:				
From		То		Reason for Leaving								

REFERENCES								
Please list three professional references.								
Full Name		Relationship						
Company		Phone	( )					
Address								
Full Name	Relationship							
Company		Phone	Phone ( )					
Address								
Full Name		Relatio	onship					
Company		Phone	( )					
Address								
DISCLAIMER AND SIGNATURE								
I certify that I have not withheld any information. I attest to the fact that the answers given by me are true, complete & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.								
I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional								

provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that neither this document nor any offer of employment from Newark-Arcadia Volunteer Ambulance Inc. constitutes an employment contract unless a specific document to that effect is agreed to by the employer and employee in writing. I further understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Signature

Date

Please return to Newark-Arcadia Volunteer Ambulance Inc By Mail: 301 Frey St Newark, NY 14513 By Fax: (315) 331-9025 By Email: navaems@newarkambulance.org