



GOWANDA AMBULANCE SERVICE

APPLICATION FOR EMPLOYMENT

Received: _____
 Interviewed: _____
 Reference: _____
 Hired: _____

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)			
DATE	NAME (First, Middle, Last)	SSN	
STREET ADDRESS		CITY	STATE
			ZIP
How long have you lived at your present address?		Years	Months
PHONE		BEST TIME TO BE REACHED	
EMAIL ADDRESS			
POSITION DESIRED			
Position: (Circle One)		Full Time / Part Time / Per Diem	
Paramedic	Advanced EMT		
Employees may require working overtime, weekends, evenings or holidays. Is this acceptable?		YES	NO
Start Date:	Availability:		
ELIGIBILITY / HISTORY			
Are you Eligible to work in the United States?		YES	NO
Do you currently hold certification as a NYS EMT-B, AEMT, EMT-CC, or EMT-P?		YES	NO
Do you possess a valid New York State Driver's License?		YES	NO
Are there any pending charges against you with the N.Y.S. Department of Health?		YES	NO
Have your BLS or ALS privileges ever been suspended or revoked by any REMAC agency?		YES	NO
Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider, employee or agent of a provider of health care services associated with any federal, state, local or private health care insurance program (for example, Medicare or Medicaid)?		YES	NO
Have you ever been convicted of, plead no contest to or been the beneficiary of a plea agreement involving a criminal offense charged against you related to health care?		YES	NO
Have you ever been employed or volunteered with Gowanda Ambulance Service? If yes, what are the dates of service? Start Date: _____ End Date: _____ Reason for leaving: _____		YES	NO
Do you have a contract or agreement with another company that may limit your ability to perform work for Gowanda Ambulance Service (i.e. a non-compete or confidentiality agreement)?		YES	NO
Have you been known by any other names? If so, please list them.			
QUALIFICATIONS			

Type of Training	Expiration Date	Instructing Agency	Years at Level
EMT			
ADVANCED			
PARAMEDIC			
CPR			
ACLS			
ITLS / PHTLS			
PALS			

#1 EMPLOYMENT RECORD (PLEASE LIST 3 EMPLOYERS BEGINNING WITH THE MOST RECENT)

COMPANY		SUPERVISOR		PHONE	
STREET ADDRESS		CITY	STATE		ZIP
JOB TITLE		REASON FOR LEAVING			
DATES OF EMPLOYMENT					
May we contact your present employer? YES NO					

#2 EMPLOYMENT RECORD

COMPANY		SUPERVISOR		PHONE	
STREET ADDRESS		CITY	STATE		ZIP
JOB TITLE		REASON FOR LEAVING			
DATES OF EMPLOYMENT					
May we contact your present employer? YES NO					

#3 EMPLOYMENT RECORD

COMPANY		SUPERVISOR		PHONE	
STREET ADDRESS		CITY	STATE		ZIP
JOB TITLE		REASON FOR LEAVING			
DATES OF EMPLOYMENT					
May we contact your present employer? YES NO					

EDUCATION – HIGH SCHOOL		
NAME		LOCATION
LAST YEAR COMPLETED		GRADUATED
EDUCATION – COLLEGE OR UNIVERSITY		
NAME		LOCATION
LAST YEAR COMPLETED	GRADUATED	DEGREE/MAJOR
PROFESSIONAL COURSES, ETC		
PROFESSIONAL COURSES		
SPECIAL SKILLS, TRADE, SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES		
#1 WORK RELATED REFERENCES		
NAME		PHONE NUMBER
TITLE		YEARS KNOWN
#2 WORK RELATED REFERENCES		
NAME		PHONE NUMBER
TITLE		YEARS KNOWN
#3 WORK RELATED REFERENCES		
NAME		PHONE NUMBER
TITLE		YEARS KNOWN
VOLUNTEER INFORMATION		
AGENCY	TITLE	YEARS AS A MEMBER
AGENCY	TITLE	YEARS AS A MEMBER
AGENCY	TITLE	YEARS AS A MEMBER

Please feel free to add any additional information you feel you should share to help your application process below.

Acknowledgement of Receipt

By signing below, you guarantee the information provided in this Application for Employment is true and complete. Gowanda Ambulance Service may disqualify me from consideration for employment or terminate my employment for any false or misleading statements or omissions in this Application, whenever they may be discovered.

By signing below you authorize any reference, school, former employer or other person to disclose to Gowanda Ambulance Service upon request any information to Gowanda Ambulance Service. Any reports provided to Gowanda Ambulance Service will not contain medical information.

Any offer of employment extended by Gowanda Ambulance Service is expressly contingent upon: (1) Acknowledging receipt of Gowanda Ambulance Service's Policy and Procedure Manual, WREMAC Protocols, and Uniform Voucher. (2) Passing a pre-employment initial background check; and (3) a satisfactory N.Y.S.D.M.V. report and criminal background check by one or more law enforcement agencies. Certain positions may have additional pre-employment requirements, which will be discussed with you during the application process.

 APPLICANT NAME (PRINT)

 DATE

X _____
 APPLICANT SIGNATURE

Gowanda Ambulance Service and Federal and State Law prohibit discrimination on the basis of race, color, religion, national origin, sex, age, sexual orientation or disability. EOE

FOR OFFICIAL USE BELOW. DO NOT WRITE IN THIS AREA

<p>References Checked: _____</p> <p>Background Completed _____</p> <p>N.Y.S.D.M.V. Report: _____</p> <p>Interviewed: _____</p> <p>Paperwork Completed: _____</p>	<p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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