



EMPLOYMENT APPLICATION

Social Security #		First Name	
Middle Initial		Last Name	
Street Address		City	
State		ZIP	
Home Phone Number		Mobile Phone Number	
Best Time to Call	AM PM	E-mail Address	
Position Applied for		Employment Status	FT PT

Are you Legally Authorized to Work in the U.S.? Yes No

When are you available to start work?

Have you ever applied with us before? Yes No-----> If Yes, When?

Have you ever worked with us before? Yes No-----> If Yes, Position?

Do you have any relatives employed with us ? Yes No-----> If Yes, Who?

How were you referred to us?

Name of Employee Referred By

CERTIFICATE & LICENSES: (Enter all that apply)

Driver's License #	State	Exp Date	Class
Certification #		Exp Date	Type EMT-B EMT-CC EMT-P

REMAC Expiration

OTHER CERTIFICATION: (Check all that apply)

- | CERTIFICATION | EXPIRES |
|---|---------|
| <input type="checkbox"/> ACLS | |
| <input type="checkbox"/> CPR - Health Care Provider | |
| <input type="checkbox"/> NRP | |
| <input type="checkbox"/> PALS | |

Other

Other

Other

EMPLOYMENT HISTORY (Please list all of your employers starting with the most recent employment)

Company #1:

Name Of Company	Phone Number		
Address			
From Date	To Date		
Position Held			
Beginning Salary	Ending Salary		
Duties			
Name of Supervisor	May We Contact	Yes	No
Reason for Leaving			

EMPLOYMENT HISTORY

Company #2:

Name Of Company	Phone Number		
Address			
From Date	To Date		
Position Held			
Beginning Salary	Ending Salary		
Duties			
Name of Supervisor	May We Contact	Yes	No
Reason for Leaving			

EMPLOYMENT HISTORY

Company #3:

Name Of Company	Phone Number		
Address			
From Date	To Date		
Position Held			
Beginning Salary	Ending Salary		
Duties			
Name of Supervisor	May We Contact	Yes	No
Reason for Leaving			

EDUCATION: High School

Name of School Attended	City		
State	Did You Graduate?	Yes	No
Degree Earned			

EDUCATION: School

Name of School Attended	City		
State	Type of Educational Facility		
Major Subject	Did You Graduate?	Yes	No
Degree Earned			

NOTIFICATION & AGREEMENT

Please read before submitting your application.

BY SUBMITTING THIS APPLICATION, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, COMPLETE, AND TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED OR OFFERED EMPLOYMENT.

IT IS OUR COMPANY POLICY THAT ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT BE GIVEN EQUAL OPPORTUNITY WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, EXPUNGED JUVENILE RECORDS, OR PREGNANCY. IN ADDITION, OUR COMPANY GRANTS EQUAL OPPORTUNITIES TO ALL DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, INDIVIDUALS WITH A DISABILITY AND/OR ANY OTHER PROTECTED CHARACTERISTICS AS IDENTIFIED BY FEDERAL, STATE, AND LOCAL LAWS.

I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED ON THE COMPLETION OF PRE-EMPLOYMENT TESTING AND DOCUMENTATION. ALL INFORMATION IN THIS APPLICATION WILL BE INVESTIGATED. MY SUBMISSION OF THIS APPLICATION INDICATES MY AGREEMENT TO, UPON REQUEST, SIGN ALL NECESSARY CONSENT FORMS AUTHORIZING SUCH TESTS AND INVESTIGATIONS. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION, AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, I AM EMPLOYED AT WILL AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DESCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE, OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES BENEFITS, OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT.

BY SUBMITTING AN APPLICATION FOR EMPLOYMENT TO HUDSON VALLEY PARAMEDIC SERVICES/REGIONAL EMS; AND YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS, AND AGREE TO ALL ITEMS OUTLINED ABOVE.

