



PORT CHESTER-RYE-RYE BROOK Emergency Medical Services, Inc.

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and / or interview process should notify a representative of the Human Resources Department.

Name

Last _____ First _____ MI _____

Mailing Address

Street _____ City _____ State _____ ZIP _____

**Home Address (if
Different)** _____

Home # () _____ Cellular # () _____ E-Mail _____

Have you previously submitted an application to PCRRBEMS in the past? YES ___ NO ___

Type of Employment Desired – Full time ___ Part Time ___ Per Diem ___

Have you been convicted of any crime in the last (7) seven years? ___

If yes, please explain _____

Do you have a current US driver's license without citations? Yes ___ No ___

List any traffic convictions in the last 7 years _____

Employment History: Please list, in most recent order, your current and past employers, job title, company contact number, immediate supervisor and reason for leaving.

From Date _____ to _____

1. Employer _____
2. Position held _____
3. Immediate supervisor _____
4. Company phone _____
5. Dates of employment _____
6. Reason for leaving _____
7. May we contact employer for reference? Yes ___ No ___

From Date _____ to _____

1. Employer _____
2. Position held _____
3. Immediate supervisor _____
4. Company phone _____
5. Dates of employment _____
6. Reason for leaving _____
7. May we contact employer for reference? Yes ___ No ___

From Date _____ to _____

1. Employer _____
2. Position held _____
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6. Reason for leaving _____
7. May we contact employer for reference? Yes _____ No _____

From Date _____ to _____

1. Employer _____
2. Position held _____
3. Immediate supervisor _____
4. Company phone _____
5. Dates of employment _____
6. Reason for leaving _____
7. May we contact employer for reference? Yes _____ No _____

Do you speak any languages in addition to English? (please list) _____

Please list any special skills or training regarding emergency services:

Business References: Please list 3 EMS references with contact phone number

1. Name: _____ Title _____ Number: _____
2. Name: _____ Title _____ Number: _____
3. Name: _____ Title _____ Number: _____

Personal References: Please list 3 personal (not family) references other than EMS with contact phone number

1. Name: _____ Relationship _____ Number: _____
2. Name: _____ Relationship _____ Number: _____
3. Name: _____ Relationship _____ Number: _____

Additional Information: Please list any additional information you would like taken into account during the application process:

Educational History: Please list in order, (current to older) your educational experience, institutions attended, dates of attendance and degrees or certifications received.

Institution _____ Degree _____ Dates attended _____

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations for furnishing such information.

PCRRBEMS does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that although proper notice is encouraged, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period of time or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Received By: _____ Date _____