

DIAZ MEMORIAL AMBULANCE SERVICE

“Your Community Ambulance”

1 MAIN ST. PO BOX 147

SAUGERTIES, NY 12477

PHONE: (845)-246-9097 FAX: (845) 246-9230

www.diazambulance.com

EMPLOYMENT APPLICATION

EMT / PARAMEDIC

DATE OF APPLICATION: _____

Name: _____ Position Requested: ___ EMT ___ EMT-I ___ Paramedic

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____ Email: _____

GENERAL INFORMATION

Are you a Certified EMT _____ Yes _____ No State ID# _____ Expires _____

Are you a Certified Paramedic _____ Yes _____ No State ID# _____ Expires _____

Status Requested: ___ Full-Time ___ Part-Time ___ Per-Diem ___ Volunteer Start Date: _____

If you are not a US Citizen, do you have the right to work in the US? _____ Yes _____ No

Have you ever been convicted of any crime or offense other than a violation _____ Yes _____ No
(A conviction is not an automatic ban to employment. Each case will be considered on its own merits)

If yes, please explain: _____

Have you ever applied for a position with or worked for this company before _____ Yes _____ No

If yes, specify dates: From: _____ To: _____

REFERENCES: Please list two (2) personal references that do not live with you.

Name _____ Address _____ Phone _____ Relationship _____

EDUCATION

Name & Address

Dates Attended

Date Graduated

Major

Elementary School _____

High School _____

College _____

Other _____

To assist us in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than the one used on this application.

If yes, specify the name(s) used: _____

If you are employed now, may we contact your present employer? Yes No

Please identify & explain all periods of unemployment in excess of one (1) month during the last five (5) years

Date From: _____ To: _____ Reason: _____

Date From: _____ To: _____ Reason: _____

Do you have any physical condition that would/could prevent you from safely performing the essential duties of the position you are applying for? Yes No

Have you ever sustained an injury to, or had surgery on your back? Yes No

Are you a veteran of the United States military? Yes No If yes, which branch _____

Please list any job-related professional, trade business or civic activities, organizations and associations you were or currently are a member of:

Diaz Ambulance is an Equal Opportunity Employer

EMERGENCY MEDICAL SERVICES TRAINING & CERTIFICATIONS

NYS CERT. ID# _____ EMT _____ AEMT-I _____ PARAMEDIC _____ EXP.DATE _____

List Expiration dates on the following:

CPR _____ ACLS _____ PALS _____ AMLS _____ PHTLS _____

Please submit copies of all certifications with your application.

DRIVING RECORD & EXPERIENCE

NYS Drivers License ID# _____ State _____ Expiration Date _____

Date license first issued: _____ Restrictions _____ Revocations/Suspensions list dates & reasons:

Do you have ambulance driving experience: ____ Yes ____ No If yes, answer the following:

How Long: _____ Ambulance Type ____ Type II ____ Type III

Any formal driver training (i.e.CEVO etc) _____

Below, list any and all traffic violations you have received and accidents you have been involved in during the last 5 years.

Date	Accident/Violation	Description	Points
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PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY:

Name: _____ Relationship _____ Home Phone _____

Address: _____

Cell Phone: _____ Work Phone: _____

Diaz Ambulance is an Equal Opportunity Employer

EMPLOYMENT HISTORY (Please list present & past employers information)

Date Hired: _____ Date Left: _____

Name of Employer: _____ Supervisor _____ Phone: _____

Address: _____

Position: _____ Wages _____ Duties: _____

Reason for Leaving: _____ Dates of Employment: Start _____ End _____

Date Hired: _____ Date Left: _____

Name of Employer: _____ Supervisor _____ Phone: _____

Address: _____

Position: _____ Wages _____ Duties: _____

Reason for Leaving: _____ Dates of Employment: Start _____ End _____

Date Hired: _____ Date Left: _____

Name of Employer: _____ Supervisor _____ Phone: _____

Address: _____

Position: _____ Wages _____ Duties: _____

Reason for Leaving: _____ Dates of Employment: Start _____ End _____

Date Hired: _____ Date Left: _____

Name of Employer: _____ Supervisor _____ Phone: _____

Address: _____

Position: _____ Wages _____ Duties: _____

Reason for Leaving: _____ Dates of Employment: Start _____ End _____

By signing this application I am certifying that I do not use, nor am I addicted to narcotics, prescription or non-prescription drugs nor am I a habitual user of intoxicating beverages. I also confirm that I have not been convicted of any crime relating to the use, sale, possession, or transportation of any drug.

I certify that I have not been convicted of any offense punishable as a felony nor have I been convicted of theft in any degree during the last ten (10) years.

I understand that physical agility and strength are of prime importance for the position I desire. Therefore, I shall not hold Diaz Ambulance, its officers, agents, or employees responsible for any injury sustained, either directly or indirectly while attempting to qualify for employment.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and I authorize Diaz Ambulance to investigate and verify any and all information contained within this application. I authorize the references I have listed, as well as all other individuals whom Diaz contacts, to provide Diaz any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for damages that may result from furnishing such information to Diaz as well as for the use or disclosure of such information by Diaz or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, my dismissal of employment.

In consideration of my employment, I agree to conform to the rules and regulations of Diaz Ambulance as amended by the company from time to time at its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of Diaz Ambulance.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

****Please submit copies of your Drivers License, Social Security card, EMT/Paramedic card, CPR card and if applicable; HVREMS card, ACLS, PALS & PHTLS cards.**

Diaz Memorial Ambulance Service, Inc.
1 Main St..
PO Box 147
Saugerties, NY 12477
Phone: (845) 246-9097
Fax: (845) 246-9230

DRIVER INFORMATION AUTHORIZATION FORM

The following information is required to verify your driving record, as per our company's personnel policy.

Name _____ Date of Birth _____

Driver's license number _____

State licensed _____ Years licensed _____

I hereby authorize Diaz Memorial Ambulance Service, Inc. (Diaz Ambulance) to obtain a Department of Motor Vehicles check on my driving record. I understand that my motor vehicle driving record will be disclosed to the organization listed above. I further understand that the information provided is personal in nature and I authorize its release to Diaz Ambulance. I understand that I may not be allowed to drive on behalf of Diaz Ambulance if my motor vehicle record is unsatisfactory, or becomes unsatisfactory in accordance with the vehicle insurance company's underwriting requirements. I also understand and agree that if I become an employee of Diaz Ambulance, this agreement will allow Diaz Ambulance to request an updated MVR at any time during my employment.

Signature _____ Date _____

Please attach a copy of your driver's license to this report and return to the organization listed above.