



**Diaz Memorial Ambulance Service Inc.**  
**"Your Community Ambulance"**  
 PO Box 147, Saugerties, NY 12477  
 (845) 246-9097  
 fax (845) 246-9230



**Employment Application**  
**EMT / Paramedic**

Date of Application: \_\_\_\_\_

**An Equal Opportunity Employer**

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Social Security Number: _____	

**GENERAL INFORMATION**

Are You a Certified EMT?	Yes No	Certificate Expires: _____	(Attach Copy)
Are You a Certified Paramedic?	Yes No	Certificate Expires: _____	(Attach Copy)
Are you Nationally Registered?	Yes No	Certificate Expires: _____	(Attach Copy)
Available to Work	Full Time	Part Time	Temporary
Date Available to Start _____	Date of Birth: _____		
If you are under age 18, can you provide a work permit if offered a job?	Yes No		
If you are not a US citizen, do you have the right to work in the US?	Yes No		
Have you been convicted of a felony within the past 10 years?	Yes No		
<small>(A conviction is not an automatic ban to employment. Each case will be considered on its own merits)</small>			
If yes, please explain: _____			
Have you ever applied for a position with or worked for this company before			
If yes, specify dates: From: _____ To: _____			

**EDUCATION**

	Name and Address of School	Major	Yrs. Completed	Did You Graduate?
High School				
College				
Other (Specify)				

Please list your present and past work experience for the past five years beginning with your current job. You may include any volunteer activities.

If you need additional room, please attach your response on a separate page

<b>Name of Employer:</b>	<b>From Month    Year</b>	<b>To Month    Year</b>
<b>Address:</b>	<b>Telephone</b>	<b>Pay Stating</b>
<b>Position:</b>	<b>Supervisor</b>	<b>Pay Ending</b>
<b>Description of Duties:</b>		
<b>Reason for Leaving:</b>		

<b>Name of Employer:</b>	<b>From Month    Year</b>	<b>To Month    Year</b>
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<b>Name of Employer:</b>	<b>From Month    Year</b>	<b>To Month    Year</b>
<b>Address:</b>	<b>Telephone</b>	<b>Pay Stating</b>
<b>Position:</b>	<b>Supervisor</b>	<b>Pay Ending</b>
<b>Description of Duties:</b>		
<b>Reason for Leaving:</b>		

Please identify and explain all periods of unemployment in excess of one month during the past five years:

Period of Unemployment:

From

To

Reason for Unemployment

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application:

Yes

No

If yes, specify the name you were employed or enrolled under: \_\_\_\_\_

If you are employed now, may we contact your current employer?

Yes

No

Do you have any physical condition that would prevent you from safely performing the essential duties of the position you are applying for?

Yes

No

If yes, please indicate what may be done to accommodate your limitations

Have you ever sustained an injury of, or had surgery on your back?

Yes

No

If yes, date(s) \_\_\_\_\_

Are you a veteran of the United States military service?

Yes

No

If yes, please state branch of service: \_\_\_\_\_

Please list any job-related professional, trade business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, ancestry, sex or age):

Below, list any and all traffic citations received and accidents you have been involved in during the last five years:

1.

2.

3.

4.

5.

Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Has your license ever been suspended or revoked? Yes No

If yes, explain:

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

Person to be contacted in case of an accident or emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I do not use, nor am I addicted to the use of narcotics, dangerous drugs, nor have I been convicted of any crime relating to the use, sale, possession, or transportation of narcotics, habit forming or dangerous drugs.

I do not habitually or excessively use intoxicating beverages.

I have not been convicted of any offense punishable as a felony nor have I been convicted of theft in either degree during the last ten years.

I understand that physical agility and strength are of prime importance for the position I desire. Therefore, I shall not hold Diaz, 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 form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed, as well as all other individuals whom the Company contacts, to provide the Company 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 any damages that may result from furnishing such information to the Company as well as for the use or disclosure of such information by the Company 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 or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as amended by the Company from time to time in 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 of the option of the Company.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Driver Information Authorization Form**

**The following driver information is required for your driving record verification, as per our company personnel policies.**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

**State Licensed:** \_\_\_\_\_ **Years Licensed:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please include a copy of your driver license and return it with your completed application.**