



ROCKLAND PARAMEDIC SERVICES, INC
ROCKLAND MOBILE CARE, INC.

540 Chestnut Ridge Road
Chestnut Ridge, NY 10977



APPLICATION FOR EMPLOYMENT

Rockland Paramedic Services, Inc. and Rockland Mobile Care, Inc. consider applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship, genetic information, or any other characteristic protected by law.

ROCKLAND PARAMEDIC SERVICES, INC. AND ROCKLAND MOBILE CARE, INC.
ARE ALCOHOL AND DRUG-FREE WORKPLACES

PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
 Last First Middle

Social Security Number: _____ - _____ - _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone Number: () _____ Cell Phone Number: () _____
(Please circle your preferred or primary contact number)

Are you at least 18 years of age? YES NO Date available to start: _____
(Please check one)

Hours Requested (Please check one): Full Time Per Diem

How did you find out about this position? _____

Please list any relatives or friends who work here: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked for this organization? Yes No

If yes, please list the date(s) of employment and position(s) held: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION
 (List current certifications only – Originals required at interview)

Certification	Certificate Number	Issue Date	Expiration Date	Instructing Agency
NYS EMT or Paramedic		N/A		
Hudson Valley REMAC		N/A		N/A
National Registry		N/A		
CPR	N/A			
ACLS	N/A			
PALS	N/A			
PHTLS	N/A			
EMD				
IS 100			N/A	
IS 200			N/A	
IS 700			N/A	
IS 800			N/A	
Haz-Mat Awareness/IS 5a			N/A	
MOLST			N/A	
Other:				
Other:				

IS 100, IS 200, IS 700, IS 800, and Haz-Mat Awareness (or IS 5a) certificates are also required for certified EMS provider positions.

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Do you have a driver's license? Yes No Issued by which State? _____

List all moving violations (convictions) and accidents in the last five years: _____

Have you ever your driver's license suspended or revoked? Yes No If yes, explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes No

If yes, please explain: _____

Have you ever been sanctioned by the NYS Department of Health, Bureau of EMS including civil penalties, suspensions, or revocation of your NYS EMS certification? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____

End Date: _____ Ending Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone Number: () - _____ May we contact? Yes No

Reason for leaving: _____

II. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____

End Date: _____ Ending Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone Number: () - _____ May we contact? Yes No

Reason for leaving: _____

III. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Starting Salary: _____

End Date: _____ Ending Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone Number: () - _____ May we contact? Yes No

Reason for leaving: _____

Military Service:

Branch of Service	Date Began	Date Ended	Rank	Date Discharged	Location

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

	<u>Yes</u>	<u>No</u>
Placed on probation or terminated for excessive absenteeism?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for insubordination?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for violation of safety rules?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for assault or fighting?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for harassment?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for patient abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined or fired for alcohol or drug related activity at work?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any question above, please explain: _____

*Answers of Yes to any of the questions above
will not necessarily disqualify you from employment*

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____

Address: _____

Did you graduate? Yes No

If not, highest grade completed: _____

Have you received your GED? Yes No

COLLEGE:

Name: _____

Address: _____

Credits completed: _____

Did you graduate? Yes No

Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____ Address: _____
Credits completed: _____
Did you graduate? Yes No

Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? Yes No
Certificate: _____ Expires: _____
License: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? Yes No
Certificate: _____ Expires: _____
License: _____ Expires: _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

EMS/FIRE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

REFERENCES

List **three (3)** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number: () - _____
E-Mail Address: _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number: () - _____
E-Mail Address: _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number: () - _____
E-Mail Address: _____

List **two (2)** personal references that have known you for at least **three (3)** years outside of work.

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number: () - _____
E-Mail Address: _____

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number: () - _____
E-Mail Address: _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete, and correct and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean a job openings exist and does not obligate the company in any way. Applications will remain active for six months; after which time re-application will be necessary.

At Will Employment:

If hired, employment will be "at will" and either I or the company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

Medical Exams:

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

Drug Screening:

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

Drug Screening Refusal:

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this company.

Employment Reference Release:

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I understand other inquiries, such as a criminal history check, driving history check, child abuse clearance check, credit history, may be requested. Any such inquiry conducted by a third party contractor on behalf of the company is subject to applicable state and federal laws and requires a separate authorization.

Government Funding Eligibility:

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand if it is determined I was so excluded, my employment with the company may be terminated.

E-Verify:

I understand the company participates in the U.S Citizenship and Immigrations Services E-Verify program to determine I am authorized to work in the United States.

Applicant's Signature: _____ Date: _____

Printed Name: _____