



EDWARDS AMBULANCE SERVICE, INC.

3440 Oneida Street
Chadwicks, NY 13319

PHONE: (315) 737-7657 · FAX (315) 737-7906

Your Hometown Service Since 1964

EMPLOYMENT APPLICATION

Position Applying For: _____ Date of Application: _____

Edwards Ambulance Service, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, gender, race, creed, color, religion, national origin, disability, sexual orientation, marital status, veteran status, or any other protected characteristic, consistent with the Americans with Disabilities Act (ADA).

Personal Information

Name: (Last, First, Middle): _____	Date of Birth: _____	Home Phone: _____
Street Address: _____	Cell Phone: _____	
City/State/Zip: _____	Email Address: _____	

General Information

1. Are you over the age of 18?	Yes _____	No _____
2. Are you eligible to work in the United States?	Yes _____	No _____
3. Do you have a valid Drivers License?	Yes _____	No _____
4. Have you worked for another ambulance Service?	Yes _____	No _____
If yes, who did you work for _____		
5. Have you been convicted of a crime in the last 10 years?	Yes _____	No _____
If yes, please explain: _____		
6. Have you ever illegally used or are you currently using illegal substances?	Yes _____	No _____
7. Have you ever been involuntarily discharged by an employer?	Yes _____	No _____
8. Have you ever worked under a name other than the one on your application?	Yes _____	No _____
If yes, please explain: _____		

Qualifications of Employment

Are you currently a NYS Certified Emergency Medical Technician? Yes _____ No _____
EMT Number _____ Exp. Date _____ Level: Paramedic _____ Advanced _____ Basic _____
Do you have a valid CPR Card? Yes _____ No _____ Exp Date _____
Are you applying for? Full-time ___ Part-time ___ Occasional ___ Preferred Shift(s): Days ___ Nights ___ Weekends ___
Are you willing to work any Holidays? Yes _____ No _____ Comments _____

Educational Information

High School/GED _____	City/State _____
Graduate/GED Yes _____ No _____	
College: _____	City/State _____
Major _____	Currently Enrolled? Yes _____ No _____
Graduated? Yes _____ No _____	Degree _____
Where did you earn your Emergency Medical Technician Card? _____	
How long have you been an EMT? _____	
Have you been any other level EMT? Yes _____ No _____	
If yes, what level? _____ For how long? _____	
Additional level? _____ For how long? _____	

Employment Information

Please list your employment history starting with your most current employer, also list all positions held.

May we contact your present employer? Yes _____ No _____

Employer _____	Supervisors Name/Title _____
Address _____	Phone Number _____
Position Held _____	Employed from _____ to _____
Major job duties _____	
Reason for leaving? _____	
Employer _____	Supervisors Name/Title _____
Address _____	Phone Number _____
Position Held _____	Employed from _____ to _____
Major job duties _____	
Reason for leaving? _____	
Employer _____	Supervisors Name/Title _____
Address _____	Phone Number _____
Position Held _____	Employed from _____ to _____
Major job duties _____	
Reason for leaving? _____	

Personal Character References

Name _____	Phone number _____
Address _____	

Name _____	Phone number _____
Address _____	

Name _____	Phone number _____
Address _____	

Applicants Authorization of Release

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation written on the application or given during the interview process is sufficient cause for refusal to hire or dismissal if employed at Edwards Ambulance Service, Inc.

I further understand that nothing contained in this application or during the interview process is intended to create an employment contract. If employed by Edwards Ambulance Service, Inc. I understand that employment will be "at will", meaning that I may resign at anytime and Edwards Ambulance Service, Inc. may discharge the employee at anytime with or without cause and prior notice.

I authorize Edwards Ambulance Service, Inc. to fully investigate all statements contained in this application and/or during the interview for employment, as may be necessary in arriving at an employment decision. This includes, but is not limited to, Driver's License, employment records and educational background check.

I further understand that should an offer of employment be extended, I will be required to submit to a drug/alcohol test, physical exam, and background check, when applicable, pursuant to Edwards Ambulance Service, Inc. Policies.

Print Name _____	Social Security Number _____
Signature _____	Date _____

Please attach copies of EMT Card, Driver's License, and any other certifications applicable. CPR cards can be emailed to JJennings@edwardsambulance.com.