



Employment Application

This application may be completed, printed and submitted by mail to:

Empress Emergency Medical Services
ATTN: Employment Application
722 Nepperhan Ave
Yonkers, NY 10703

OR, you may submit your application by faxing it to:

914-965-9776

Empress Ambulance Service will consider applicants for all positions equally without regard to age, gender, race, color, national origin, religion, creed, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position Applied For: _____ **Date of Application:** : / /

Do you meet all the requirements of the position you are applying for?: YES NO

The requirements for NYS EMT and Paramedic can be found on our web site under the Employment section.

Applicant Information

First Name: _____ Last Name: _____

Are you 18+ years of age?: Yes No Email: _____

Phone Number: _____

Please list all addresses where you have resided for the last three (3) years.

Address: _____

City: _____ State: _____

Zip Code: _____

(Previous addresses continued...)

Address:

City:

State:

Zip Code:

Address:

City:

State:

Zip Code:

Emergency Contact

First Name:

Last Name:

Relation to you:

Contact Phone Number:

Address:

City:

State:

Zip Code:

General Information

Are you currently employed?

YES

NO

May we contact your current employer?:

YES

NO

Are you available to work:

Full Time

Part Time

Per Diem

Temporary

Nights

Weekends

Have you ever filed an application with us before?

YES

NO

If yes, please provide a date:

Have you ever been employed with us before?

YES

NO

If yes, please provide a date:

(General information continued...)

Are you under 18 years of age?

YES NO

Have you ever been convicted of a felony?

YES NO

If yes, please provide details. If necessary, please attach an additional sheet.

I am a U.S. citizen or National of the U.S., an alien lawfully admitted for permanent residence, or otherwise authorized to work in the U.S.

YES NO

Education

	Name of School	City and State of School	Years Completed	Graduated (Y/N)	Type of Degree/Major
High School					
College					
Graduate or Professional					
Technical, Trade or Other					

Are you attending school?

YES NO

If yes, which school:

If yes, number of credit hours:

If yes, your school schedule:

MON TUE WED THU FRI SAT SUN

Previous Employment

Start with your present or last job. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual or religious orientation, or any other protected status.

Employer: _____ Dates Employed: / - /
Job Title: _____ Supervisor's Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone Number: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: / - /
Job Title: _____ Supervisor's Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone Number: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: / - /
Job Title: _____ Supervisor's Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone Number: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: / - /
Job Title: _____ Supervisor's Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone Number: _____
Reason for Leaving: _____

(Previous employment continued...)

Are there any employers you DO NOT wish us to contact?

YES NO

If yes, which?:

Have you ever been discharged by a previous employer or resigned to avoid discharge?

YES NO

If yes, please provide details. If necessary, please attach an additional sheet.

US Military Service

YES NO

If yes, which branch:

Induction Date:

Discharge Date:

Rank at discharge:

Terms of discharge:

Specialty:

Service Schools:

Drivers License Information

Do you have a drivers license?

YES NO

State:

License Number:

Years Driving:

Class:

Please list all violations (including misdemeanors) within the last three (3) years:

	Driving Violation	Date of Offense	Disposition/Fine
1			
2			
3			
4			
5			

(Drivers License Information continued...)

Please list all motor vehicle accidents within the last three (3) years:

	MV Accident	Date	Location
1			
2			
3			

Professional Certifications

List all applicable certifications, professional or military training received:

	Name	Certification Number	Date	Expires	Course Location
1					
2					
3					
4					
5					
6					

List below any additional training or apprenticeships, activities or offices held, language, computer or specialized skills, or any other information you feel would be helpful to us in considering your application:

Personal References

Please list as least three (3) references that are not relatives:

	Name	Address	Phone
1			
2			
3			
4			

Application Agreement

In completing this application for employment, and any supplements to this application, I certify that information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed I understand also, that I am required to abide by all rules and regulations of the employer. I agree that Empress shall not be liable in any respect if my employment is terminated because of the falsity of statements made by me on this application.

In consideration for employment or promotion within Empress Ambulance or affiliates, on our behalf, Empress Ambulance Service or its affiliates may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

I authorize investigation of all statements contained in this application as may be necessary for arriving at an employment decision. I understand that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand that any such information provided shall become the exclusive property of the company.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the company is of an 'at will' nature, which means that I may resign at any time and Empress may discharge me at any time with or without cause. I further understand that this 'at will' relationship may not be changed unless specifically agreed to in writing by an authorized executive of this company.

This certifies that this application was completed accurately and honestly by me or at my direction.

Applicant's Signature:

Date: