



OSWEGO COUNTY

Ambulance Service - Fulton, N.Y.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ (list only one) Name _____

Telephone Number () _____ - _____ Alternate Telephone Number () _____ - _____

Personal Address _____

Street, Apartment, or Unit Number

City

State

Zip Code

How long have you lived there _____ / _____ Years/Months

Email Address (optional) _____

Desired Salary/Hourly Rate _____

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No

Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No If Yes, provide dates of employment and reason for separation from employment. _____

1. Have you ever plead no contest, nolo contendere or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime? Yes No

2. Have you ever plead no contest, nob contendere, or guilty to a felony crime, or been convicted of a felony crime? Yes No

NOTE: Answering "yes" to either question one or question two above does not constitute an automatic bar to employment. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by state, local, or federal law.

If you answered yes to either of the two preceding questions, please give dates and details for each incident: _____

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc). _____

Education	School Name and Location (Address, City, State)	Completed?	If No, # of Years	Degree Major
High School				
College				
Bus./Tech./Trade Or Post College				

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc. _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If selfemployed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume."

Employer

Name	Address	Business Type
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Telephone () _____ - _____ Dates Employed: From ___/___/_____ To ___/___/_____

Job Title _____ Duties _____

Supervisor Name _____ May we contact? Yes No If no, why? _____

Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Employer

Name	Address	Business Type
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Telephone () _____ - _____ Dates Employed: From ___/___/_____ To ___/___/_____

Job Title _____ Duties _____

Supervisor Name _____ May we contact? Yes No If no, why? _____

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Employer

Name Address Business Type

Telephone () _____ - _____ Dates Employed: From ___/___/____ To ___/___/____

Job Title _____ Duties _____

Supervisor Name _____ May we contact? Yes No If no, why? _____

Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? Yes No. If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion. _____

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (ie. Supervisor, coworker)	Telephone

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the abovementioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF ninety (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ___/___/_____