404 Ontario Street
Fulton, NY 13069
www.oswegocountyambulance.org

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY TELEPHONE	ALTERNATE CONTACT NUMBER	E MAIL

POSITION REQUESTED

☐ AEMT-4 / Paramedic ☐ AEMT-3 /CC ☐ EMT-Basic ☐ Communications Specialist

☐ Account Representative ☐ EMT-Trainee ☐ EMS Instructor

JOB STATUS REQUESTED

☐ Full Time ☐ Part-Time ☐ Per Diem Date You Can Start: ______________________

Are you currently employed? ☐YES ☐ NO

PLEASE MARK THE DAYS YOU ARE AVAILABLE TO WORK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available	☐Daytime ☐Nights ☐Not available

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐YES ☐ NO

If no, state why you do not want us to contact your current employer.

____

Have you ever completed an application with us before? ☐ YES ☐NO IF YES, WHEN ____________
Date

Were you referred by one of our current staff members? ☐YES ☐NO

Employee Name: ____

Menter Ambulance is an equal opportunity employer.

EMERGENCY MEDICAL SERVICES TRAINING AND CERTIFICATIONS ☐ Not Applicable

CURRENT NYS EMS CERTIFICATION LEVEL	NYS CERTIFICATION NUMBER	CERTIFICATION EXPIRATION DATE	
LOCATION OF INITIAL BASIC EMT TRAINING	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME
LOCATION OF INITIAL ADVANCED TRAINING	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME
LOCATION OF YOUR MOST RECENT CERTIFICATION	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME

OTHER CERTIFICATIONS – LIST ALL OTHER EMS CERTIFICATIONS PERTINENT TO THIS APPLICATION.

TITLE OF CERTIFICATION	DATE AQUIRED	EXPIRATION DATE	LOCATION OF PROGRAM	INSTRUCTOR

DRIVING EXPERIENCE

DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE? ☐ YES ☐ NO

How many years have you actively been driving _________ years

LICENSE ID NUMBER	ISSUING STATE	LICENSE RESTRICTIONS
DATE YOUR LICENSE WAS FIRST ISSUED	EXPIRATION DATE	LICENSE CLASS & ENDORSEMENTS

LIST **ALL** ACCIDENTS, VIOLATIONS AND/OR SUSPENSIONS THAT YOU HAVE INCURRED DURING THE 40 MONTHS PRIOR TO THE DATE OF THIS APPLICATION. ATTACH AN ADDITIONAL SHEET IF NEEDED.

DATE	ACCIDENT / VIOLATION	CIRCUMSTANCES	POINTS

LIST ANY DRIVER TRAINING PROGRAMS OR POINT REDUCTION PROGRAMS ATTENDED DURING THE 36 MONTHS PRIOR TO THE DATE OF THIS APPLICATION.

DATE	PROGRAM	LOCATION	INSTRUCTOR	POINTS REDUCED

DO YOU HAVE AMBULANCE DRIVING EXPERIENCE? ☐YES ☐ NO

IF YES, ANSWER THE FOLLOWING:

AMBULANCE TYPE ☐ Type II ☐ Type III

APPROXIMATE NUMBER OF HOURS:______________

WERE YOU GIVEN FORMAL DRIVER TRAINING? ☐ YES ☐ NO

IF YES, HOW MANY HOURS: ___________________

FORMAL EDUCATION

LIST ALL SCHOOLS ATTENDED. PLEASE PROVIDE COMPLETE INFORMATION.

SCHOOL NAME	ADDRESS	DATES ATTENDED (MM/YY)	DATE GRADUATED (MM/YY)
ELEMENTARY			
MIDDLE SCHOOL			
HIGH SCHOOL			
COLLEGE			DEGREE/MAJOR
COLLEGE			DEGREE/MAJOR

EMPLOYMENT HISTORY

WE REVIEW THE DETAILED WORK HISTORY OF ALL APPLICANTS. LIST ALL OF YOUR PREVIOUS EMPLOYERS CHRONOLOGICALLY.

DATES (MM/YY)	NAME OF EMPLOYER COMPLETE ADDRESS & PHONE NUMBER	JOB HELD SUPERVISOR'S NAME	REASON FOR LEAVING	HOURLY WAGES

NON-JOB RELATED EMS AFFILIATIONS & EXPERIENCE

WE EVALUATE ALL PREVIOUS EMS EXPERIENCE WHEN REVIEWING AN APPLICANT FOR EMPLOYMENT CONSIDERATION. LIST ALL EMS AGENCIES AND EXPERIENCES THAT WERE NOT EMPLOYMENT RELATED (VOLUNTEER).

DATES OF MEMBERSHIP	NAME OF ORGANIZATION COMPLETE ADDRESS & PHONE NUMBER	NAME OF CHIEF OFFICER	DUTIES POSITIONS HELD	REASON FOR LEAVING

PERSONAL REFERENCES

AS PART OF OUR PRE-EMPLOYMENT SCREENING, MENTER AMBULANCE MAY INTERVIEW PERSONS FROM PRIOR WORK EXPERIENCE AS WELL AS PERSONAL REFERENCES SUPPLIED BY THE APPLICANT. PLEASE PROVIDE THREE PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU.

NAME	MAILING ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

- **Please be advised you can mail your application to us via USPS at Menter Ambulance c/o Human Resources 404 Ontario St. Fulton, NY 13069 or you can fax it Attn: HR Dept. at 315-598-7017** (please allow apx. 2 weeks for processing)

APPLICANT'S STATEMENT

I hereby certify that all information provided is true and complete to the best of my knowledge. I authorize the investigation and verification of all information, statements and references which I have furnished. I further authorize Menter Ambulance to use this information in formulating its decision to make, or not make, an offer of employment.

In the event an employment offer is made, based on the information provided, I understand that any omission of fact, false or misleading information discovered now or in the future may result in my being terminated from employment. Also, I understand that by accepting employment, I agree to abide by, and follow, all rules, regulations, policies, procedures and job requirements set by Menter Ambulance and that failure to follow such rules and regulations shall be grounds for termination of my employment.

APPLICANT'S SIGNATURE	DATE

STAFF DEVELOPMENT USE ONLY

DATE APPLICATION RECEIVED INITIALS		REFERENCES MAILED ON INITIALS		INTERVIEW CONDUCTED BY	DATE
FOLLOW UP INTERVIEW BY	DATE	FOLLOW UP INTERVIEW BY	DATE	APPLICATION REVIEW MEETING DATE INITIALS	
APPLICATION APPROVED	APPLICATION REJECTED	REASON			

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