

For Office Use Only

Clear Copy of:

Driver License

NYS EMT Card

CPR Card

NYC REMAC Card

I-9 Doc Required

PPD with 1 year

MMR

HbV (opt)

For Office Use Only

Entered

Packet Printed

Interview Sched.

Pack Complete

Copies Made

Sent

Received

Abstract

OK'd

Confirmed

Emp #

HUNTER EMS, INC.

Employment Application

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

(Please Print)

Position applied for: _____ Date of Application _____

Name (Last, First, Middle)	Social Security #
----------------------------	-------------------

ADDRESS INFORMATION

Address	Apt #	Phone Number	Alternate Phone Number
City	State	Zip Code	E-Mail

PREVIOUS ADDRESSES: During the last three years, beginning with the most recent

Address _____ Apt# _____ City _____ State _____ Zip Code _____

Address _____ Apt# _____ City _____ State _____ Zip Code _____

Address _____ Apt# _____ City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name (Last, First)			Relation
Address	Apt #	Phone Number	Alternate Phone Number
City	State	Zip Code	E-Mail

GENERAL INFORMATION

Are you available to work: Full Time Part Time Temporary Per Diem Night Weekends

Are you currently employed? YES NO Date you can begin work: _____

May we contact your present employer? YES NO

Have you ever filed an application with us before? YES NO If yes give date _____

Have you ever been employed with us before? YES NO If yes give date _____

Are you under 21 years of age? YES NO If yes give birth date _____

Have you ever been convicted of more than a ticket / violation? YES NO

If yes give details

Note: Disclosure of convictions does not automatically disqualify you from employment consideration

Note: Upon request, prior to employment, you must provide documentation establishing identity and authorization to work in the U.S.

I am a Citizen of the United States 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

Institution Name	Address	Years Completed	Graduated Yes / No	Major / Type Of Degree
High School				
College				
Graduate / Professional				
Technical / Trade Or Other				

Are you attending School? Yes No # of Credit Hours _____
Where? _____

Schedule: Mon ___ Am ___ Am to ___ pm to ___ pm Tue ___ Am ___ Am to ___ pm to ___ pm Wed ___ Am ___ Am to ___ pm to ___ pm Thu ___ Am ___ Am to ___ pm to ___ pm Fri ___ Am ___ Am to ___ pm to ___ pm

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 orientation, or any other protected status.

1	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
	Starting	Final		
Telephone #				
2	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
	Starting	Final		
Telephone #				
3	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
	Starting	Final		
Telephone #				
4	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
	Starting	Final		
Telephone #				

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

Have you ever been discharged by a previous employer? Yes No If Yes, when _____
Give details:

U.S. MILITARY SERVICE

Yes No Branch _____ Induction Date _____ Discharge Date _____ Rank _____
 Specialty _____ Service Schools _____

DRIVERS LICENSE INFORMATION

You must have a valid New York State Drivers License to drive for Hunter EMS, Inc.

State: **New York** Other: _____ license # _____ Class: _____ Years Driving _____

	Driving violations (list all received in the past 3 years.)	Date	Disposition & Fine	Points
1				
2				
3				
4				
5				

	Automobile Accidents:	Date	Location
1			
2			
3			
4			
5			

PROFESSIONAL CERTIFICATIONS

	Course:	Certification #	Date of Course	Expiration Date	Location
1					
2					
3					
4					
5					

PERSONAL REFERENCES (other than relatives)

	Name	Address (include city, state, zip)	Phone #
1			
2			
3			

APPLICATION AGREEMENT

In completing this application for employment, and any supplements to the application, I certifying that information giving 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’m employed. I understand also, that I am required to abide by all rules regulations of the Hunter EMS, Inc.. I agree that Hunter EMS, Inc. shall not be liable in any respect if my employment is terminated because of the falsity of the statements made by me on this application.

I authorized 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 a previous employers and other sources and I hereby release for all liability or damages those individuals, corporations, or organizations which provide such information. I understand that any such information provided shall become the explicit property of the company.

I understand and acknowledged 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 Hunter EMS, Inc. 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.

APPLICANTS SIGNATURE _____ DATE _____

REFERENCES VERIFICATION

Applicant: _____ Position: _____

Address: _____

Phone # _____ Date Applied _____ SS # _____

Personal References:

1	Name:	Phone #
Comments:		
2	Name:	Phone #
Comments:		
3	Name:	Phone #
Comments:		

Previous Employers:

1	Name:	Phone #
Comments:		
2	Name:	Phone #
Comments:		
3	Name:	Phone #
Comments:		