HUNTINGTON COMMUNITY FIRST AID SQUAD INC.

2 Railroad Street, Huntington Station, New York 11746-1231
Emergency Phone 911 **Business Phone (631) 421-1263**
Fax (631) 421-0666

Application for Employment

Huntington Community First Aid Squad, Inc. is an equal opportunity organization and does not discriminate on the basis of race, creed, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, sexual orientation or disability, except as disability may relate to the performance of duties or any other protected class.

Huntington Community First Aid Squad EMS IS A DRUG-FREE WORKPLACE!

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell: _____

Are you at least 18 years of age? ☐ YES ☐ NO Date Available to Start: _____/_____/_____

POSITION INFORMATION

Position Applying For: _____

Have you ever worked for this organization? _____

If so, date(s) Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION

Certification	Number (if applicable)	Expiration Date	Certifying Agency
EMT-P			
ACLS			
PALS			
BTLS			
CPR			
EMT-B			

WORK REQUIREMENTS AND GENERAL INFORMATION

If hired, can you provide proof that you are eligible to work in the U.S.? ☐ YES ☐ NO

Do you have a valid Driver's License? ☐ YES ☐ NO Class: _____

Issued by which State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? ☐ YES ☐ NO

If yes, explain: _____

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving? ☐ YES ☐ NO

Placed on probation or terminated for excessive absenteeism? ☐ YES ☐ NO

Disciplined or fired for insubordination? ☐ YES ☐ NO

Disciplined or fired for violation of safety rules? ☐ YES ☐ NO

Disciplined or fired for assault or fighting? ☐ YES ☐ NO

Disciplined or fired for harassment? ☐ YES ☐ NO

Disciplined or fired for patient abuse? ☐ YES ☐ NO

Disciplined or fired for alcohol or drug related activity at work? ☐ YES ☐ NO

If you answered yes to any question above, please explain: _____

Acknowledgement

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties. I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to alcohol or drug screen test at any time will result in immediate discharge from this Company. I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquires. I release the Company and all informants from all liability resulting from such inquires. I waive all rights to see or review the information so furnished. I understand also, that I will be required to obey all rules and regulations on the Huntington Community First Aid Squad.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____/_____/_____

Printed Name: _____