

## Employment Application

**West New York EMS** is an Equal Opportunity Employer. All applicants are considered for positions without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, qualified disability or handicap, or veteran status.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for the application or any section within this application. Any incomplete applications will not be considered.
3. Photocopies of the following documents must be included with this application. Failure to include the minimum documents will automatically reject your application.
  - a. EMT-B / NREMT-B Certification
  - b. Valid CPR Certification
  - c. Valid Driver's License
  - d. 5 Year Driver Abstract
  - e. Incident Command Certification 100 (ICS-100)
  - f. Incident Command Certification 200 (ICS-200)
  - g. National Incident Management 700 (NIMS-700)
  - h. National Incident Management 800 (NIMS-800)
  - i. Weapons of Mass Destruction Awareness (WMD/CBRNE-Awareness)
  - j. Haz-Mat Awareness
  - k. Developmental Disabilities Awareness



### Administration Use Only

Application Received: \_\_\_\_\_

Reference Check: \_\_\_\_\_

All Attachments Included: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Applicant Contacted: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Applicant Interviewed: \_\_\_\_\_

Start Date: \_\_\_\_\_

By Whom: \_\_\_\_\_

**Acknowledgment**

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 Department in any way. Applications will remain active for six months, after which time re-application will be necessary. 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 Department as a condition of my employment, and I hereby give my consent to the release of all information which the Department deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from this Department.

I hereby authorize the Department 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 inquiries. I release the Department and all informants from all liability resulting from such inquiries.

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

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



Town of West New York Emergency Medical Services Department



Employment Application

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the Town of West New York? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**Town of West New York Emergency Medical Services Department**

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/hr:\$ \_\_\_\_\_ Ending Salary/hr:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/hr:\$ \_\_\_\_\_ Ending Salary/hr:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary/hr:\$ \_\_\_\_\_ Ending Salary/hr:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Certifications & Drivers License**

EMT or NREMT (Circle One) EMT Cert #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Initial Certification Date: \_\_\_\_\_

Current Re/Certification Date: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_

Total amount of time working in a 911 based agency (months/years): \_\_\_\_\_

- 1. **CEVO:** Yes or No
- 2. **Incident Command 100:** Yes or No
- 3. **Incident Command 200:** Yes or No
- 4. **NIMS 700:** Yes or No
- 5. **NIMS 800:** Yes or No

- 6. **Hazmat Awareness:** Yes or No
- 7. **Weapons of Mass Destruction / CBRNE Awareness:** Yes or No
- 8. **Developmental Disabilities:** Yes or No

*Any other certifications please list in the space provided on the following page*

Town of West New York Emergency Medical Services Department

**Other Certifications and/or Specialized Training**

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**EMS Skills Summary** (Indicated which of the following skills you have performed in the past year)

<input type="checkbox"/>	Airway: Oral	<input type="checkbox"/>	Assist Medication Admin: Oral	<input type="checkbox"/>	Stretcher: Ambulance
<input type="checkbox"/>	Airway: Nasal	<input type="checkbox"/>	Assist Medication Admin: SL	<input type="checkbox"/>	Stretcher: Chair
<input type="checkbox"/>	Defibrillation: Automatic	<input type="checkbox"/>	Oxygen Administration	<input type="checkbox"/>	Traction Splint
<input type="checkbox"/>	Childbirth	<input type="checkbox"/>	Glucose	<input type="checkbox"/>	Extrication Spinal Immobilization: Short
<input type="checkbox"/>	Suction	<input type="checkbox"/>	Ambulance Driving	<input type="checkbox"/>	Extrication Spinal Immobilization: Long
<input type="checkbox"/>	Decontamination	<input type="checkbox"/>	Dispatching	<input type="checkbox"/>	Splinting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage	<input type="checkbox"/>	Fracture Management

**Additional Information That Would be Helpful in Evaluating your Qualifications**

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Town of West New York Emergency Medical Services Department

**Specific EMS Background**

<b>Driving Experience</b>	<b>Legal Issues</b>
Have you ever driven an emergency vehicle? If so, what type and for how long?	List any criminal offense that you have been convicted of including: date, place, and disposition.
Has your license ever been suspended or revoked? If so, when and for what?	Have you ever had a judgment against you in a medical malpractice suit?
List most recent traffic offense citation, including: date, place and disposition	Has your EMT certification ever been suspended or revoked?
List next most recent traffic offense citation, including: date, place and disposition	Have you ever been named as a defendant in a civil lawsuit in your capacity as an EMT or other health care professional?
List any other traffic offense citation, including: date, place and disposition	
List any accidents for which you were involved in the last 5 years. Provide date and location.	
<p style="text-align: center;">If any of the questions were answered yes, describe the event and conclusion in full</p>	