



WESTCHESTER EMS

45 Kensico Drive
Mt. Kisco, NY 10549
P: 914-244-0440
F: 914-244-0173

Human Resources:
P: 914-600-6215
F: 914-471-4702
E: jobs@wemsny.org

Today's Date: _____	Date Available: _____
Position Desired: _____	
How did you hear about Westchester EMS? _____	
Do you have any relatives employed here? If so, please provide name(s): _____	

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Are you 18 years of age or over? Yes No

Are you an American citizen, lawful permanent resident of the United States; temporary resident, refugee or asylee?
 Yes No

If no, please answer questions 2 and 3 below. If yes, please ignore questions 2 and 3 below:

2. Are you presently authorized to work for Westchester EMS? Yes No

3. Will you require Westchester EMS to sponsor you to obtain, maintain, or extend your employment authorization? Yes No

Federal Law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Westchester EMS will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization."

WORK AVAILABILITY

I am willing to work: Full Time Per Diem

Shifts Preferred: Days Evenings/Overnights

Shifts you are not able to work: _____

Are you willing to rotate shifts: Yes No

Have you ever served in the United States Armed Forces? Yes No

If yes, which branch? _____ Dates: _____

List any languages you could use in your work: _____

EDUCATION

School	Name of School and Location	Years Completed	Course of Study	Did you Graduate	Diploma/Degree
High School					
College					
Graduate					
Other					

Please list all Professional Certifications:

EMPLOYMENT HISTORY - (List your most recent position first)

From Mo. Yr.	Name of Employer:	Name of Supervisor:	Telephone No:
To Mo. Yr.	Address City State Zip Code	Position Held	
Describe the work you performed:			
Reason for Leaving:			
From Mo. Yr.	Name of Employer:	Name of Supervisor:	Telephone No:
To Mo. Yr.	Address City State Zip Code	Position Held	
Describe the work you performed:			
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Describe the work you performed:			
Reason for Leaving:			

IF NEEDED, PLEASE LIST ADDITIONAL WORK HISTORY ON A BLANK SHEET OF PAPER.

VOLUNTEER EXPERIENCE - (List your most recent volunteer experience first)

From Mo. Yr.	Name of Volunteer Agency:	Name of Supervisor:	Telephone No:
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To Mo. Yr.	Address City State Zip Code	Position Held
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Describe the work you performed:

Reason for Leaving:

From Mo. Yr.	Name of Volunteer Agency:	Name of Supervisor:	Telephone No:
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To Mo. Yr.	Address City State Zip Code	Position Held
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Describe the work you performed:

Reason for Leaving:

From Mo. Yr.	Name of Volunteer Agency:	Name of Supervisor:	Telephone No:
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To Mo. Yr.	Address City State Zip Code	Position Held
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Describe the work you performed:

Reason for Leaving:

From Mo. Yr.	Name of Volunteer Agency:	Name of Supervisor:	Telephone No:
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To Mo. Yr.	Address City State Zip Code	Position Held
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Describe the work you performed:

Reason for Leaving:

IF NEEDED, PLEASE LIST ADDITIONAL VOLUNTEER EXPERIENCE ON A BLANK SHEET OF PAPER.

ABILITY TO PERFORM THE JOB

Have you read the job description for which you are applying? Yes No
 Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?
 Yes No

REFERENCES - Please list three professional reference (NOT co-workers or friends):

Name	Address	Telephone No:	Relationship

GENERAL INFORMATION

Have you ever applied for a job at Westchester EMS? Yes No

If yes, please give the dates of the application and the position for which you applied:

Have you been employed by Westchester EMS, Stellaris Health, Lawrence Hospital, Northern Westchester Hospital, Phelps Memorial Hospital Center, White Plains Hospital before? Yes No

If yes, please give the dates of employment, location and position's held.

If hired, will you be able to work any and all shifts during the 24/7 operation (including weekends and holidays) required for the position for which you are applying? Yes No

Do you have any commitments to another employer (including post-employment restrictions or notice periods) that might affect your your employment at Westchester EMS? Yes No
If yes, please explain

EQUAL EMPLOYMENT OPPORTUNITY

Westchester EMS is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, genetic information, age, or military or veteran status in accordance with federal law. In addition, Westchester EMS complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Westchester EMS also provides reasonable accommodation to qualified individuals with disabilities, pregnant individuals, victims of domestic violence, and individuals with sincerely held religious beliefs in accordance with applicable law. My signature below confirms that the information that I have provided on my application and resume, or have given verbally, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of fact in my application and resume, or stated during my interview, can be justification for refusal of employment, or if employed, for my termination of employment from the Company.

I also authorize the Company or its agents to contact any former employer, or any representative of any other organization, I have listed as a reference, for information concerning my employment there, and I authorize said employer and/or representative to provide information to the Company on my behalf.

I understand that my employment offer is contingent upon successful completion of all facets of the Company pre-employment screening process, which includes satisfactory employment references, background checks, a medical examination, a drug test, proper NYS Certification in good standing for position applying for, and a motor vehicle record review.

During the application process and, if hired, during employment, I agree to participate (if so requested by Westchester EMS and so long as not prohibited by applicable law), in testing to determine whether employees are under the influence of controlled drugs, alcohol, or illegal substances. Such tests or examinations will be performed by qualified professional selected by Westchester EMS.

I agree to work weekends and holidays according to department needs. I agree to abide by the Westchester EMS' policies and procedures.

The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any employment offer, benefit, policy, practice, condition or process affecting its employees.

I acknowledge that I have read all of the above statements, and that I understand them.

Date: _____ Signature: _____