



Westchester EMS

444 E. Main Street, Mt. Kisco, NY 10549
 (914) 244-0440 (phone)
 (914) 244-0173 (fax)

Human Resources:
 One North Greenwich Road, Armonk, NY 10504
 (914) 765-0101 (phone)
 (914) 765-0960 (fax)

Today's Date: _____ Date Available: _____
 Position Desired: _____
 Other positions I would consider: _____
 How did you hear about Westchester EMS? _____
 Do you have any relatives employed here? (please provide names) _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____ Social Security Number _____
 Street Address _____ City _____ State _____ Zip _____
 Are you 18 years of age or over? Yes No Home Telephone Number: () _____
 Are you currently authorized to work in the United States? Yes No Cell Phone Number: () _____
(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
 If unable to work full-time, indicate days and hours you are available
 Days: _____ Hours: _____
 Shift Preferred Days Eves Nights
 Shifts you are not able to work Days Eves Nights
 Are you willing to rotate shifts? Yes No
 *If your availability changes, you are required to notify promptly Human Resources about the changes and modify your work availability schedule as indicated on your employment application."

ADDITIONAL INFORMATION

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	_____	_____	_____	_____	_____

SKILLS

Please list Professional Licenses, Professional Memberships, Certifications or Permits Held: _____
 List any special training received applicable to the position for which you are applying? _____
 Check Your Skills: Typewritten _____ WPM Word Processing Data Entry/CAT
Federal and/or New York State Law prohibits discrimination in employment because of race, color, religion, creed, sex, age, sexual orientation, national origin, marital status, disability or military or veteran's status.

Have you been convicted of a crime? If yes, please describe: _____

"Please Note: Other factors will be taken into account, such as the nature of the offense, the time that has passed since the conviction, and the type of job being sought. This information will be used only for job-related purposes and only to the extent permitted by applicable law. Prior conviction of a crime will not automatically disqualify you for employment with the Company."

EMPLOYMENT HISTORY

LIST MOST RECENT POSITION FIRST - Is any additional information needed relative to change of name to check work record?

Yes No If yes, explain: _____

From Mo. Yr.	Name of Employer	Name/Title of Last Supervisor	Telephone No:
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To Mo. Yr.	Address Street City State Zip	Position Held	Salary
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Briefly describe the work you performed:

Reason for Leaving:

From Mo. Yr.	Name of Employer	Name/Title of Last Supervisor	Telephone No:
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To Mo. Yr.	Address Street City State Zip	Position Held	Salary
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Briefly describe the work you performed:

Reason for Leaving:

Mo. Yr.			
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To Mo. Yr.	Address Street City State Zip	Position Held	Salary
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Briefly describe the work you performed:

Reason for Leaving:

From Mo. Yr.	Name of Employer	Name/Title of Last Supervisor	Telephone No:
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To Mo. Yr.	Address Street City State Zip	Position Held	Salary
-----------------	-------------------------------	---------------	--------

Briefly describe the work you performed:

Reason for Leaving:

HAVE YOU HELD ADDITIONAL POSITIONS RELATIVE TO THE JOB FOR WHICH YOU ARE APPLYING? PLEASE LIST:

HEALTH STATEMENT

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

Please list two professional references and one personal reference:

REFERENCES	NAME	ADDRESS	TELEPHONE NO:	RELATIONSHIP

GENERAL INFORMATION

Have you ever applied for a job at Westchester EMS or any other Stellaris Health organization before? Yes No

If Yes, please give the dates of the application and the position for which you applied:
(State your name at the time if different from your current name)

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

If yes, please give the dates of employment, location and position's held:
(State your name at the time if different from your current name)

If hired, will you be able to work during the normal days and hours (including weekends and holidays) required for the position for which you are applying? Yes No

Do you have any commitments to another employer that might affect your employment at Westchester EMS? Yes No

If yes, please explain:

If offered the position, can you provide documentation that you are authorized to work in the US? Yes No

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 check, a medical examination, a drug test, proper NYS Certification in good standing for position applying for, and a motor vehicle record review.

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

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any 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: _____