

Ossining Volunteer Ambulance Corps, Inc.

8 Clinton Avenue

Ossining, NY 10562

Voice/Fax: (914) 941-9196 / (914) 941-3941

ossiningvacemployment@gmail.com



Employment Application

Position Applied For: _____ Date of Application: _____

Last Name:		First Name:	
Address:	City:	State and Zip	
Home Phone:	Cell Phone:	SS#	
Email:	Driver's License:		

Date Available to Start: _____

Availability: (Days, Nights, weekend, etc.) _____

Have you ever been convicted of any criminal offenses? Yes or No
If Yes, Explain _____

Have you ever had your license, certification, credentials or privileges to work as an EMT/Paramedic revoked, suspended or in any way rendered invalid by any municipality, agency or other authority empowered to do so? Yes or No
If yes, please explain: _____

Have you ever been released, dismissed, or terminated by an employer for any reasons. Yes or No
If yes, please explain: _____

Have you ever volunteered, been employed by or otherwise associated with this organization? Yes or No

Are you legally eligible for employment in this country? Yes or No

Do you meet the job description requirements? Yes or No

Salary expectation range: _____

Submission of a resume or CV in lieu of completing this application is not acceptable. A completed application must be submitted in addition to a resume or CV.

All Work Experience for previous 10 years:

From	To	Employer:	Phone:
Job Title:		Address:	Supervisor:
Reason for Leaving:			Salary:

From	To	Employer:	Phone:
Job Title:		Address:	Supervisor:
Reason for Leaving:			Salary:

From	To	Employer:	Phone:
Job Title:		Address:	Supervisor:
Reason for Leaving:			Salary:

From	To	Employer:	Phone:
Job Title:		Address:	Supervisor:
Reason for Leaving:			Salary:

From	To	Employer:	Phone:
Job Title:		Address:	Supervisor:
Reason for Leaving:			Salary:

Attach continuation sheet if necessary

Professional References:

Name:		Address:
Phone:	Years Known:	Relationship:

Name:		Address:
Phone:	Years Known:	Relationship:

Name:		Address:
Phone:	Years Known:	Relationship:

Personal References:

Name:		Address:
Phone:	Years Known:	Relationship:

Name:		Address:
Phone:	Years Known:	Relationship:

Name:		Address:
Phone:	Years Known:	Relationship:

Signature: _____ Date: _____

Please attach Copies of Certifications