



# TLC EMERGENCY MEDICAL SERVICES, INC.

## EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, National origin, marital or veteran status, disability or any other legally protected status.

PLEASE PRINT

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Date)

CURRENT MAILING ADDRESS:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
( ) - ( ) -

Are you 18 or older?  Yes  No

Are you legally authorized to work in the US?  Yes  No  
(Proof is required prior to employment)

Do you have any relatives/friends working here?  Yes  No

Please list: \_\_\_\_\_

### ADMINISTRATIVE USE ONLY

Emergency 607/756-7564

TLC Emergency Medical Services, Inc.

160 Homer Ave., Cortland, NY 13045 (Non-Emergency) 607/756-5428

Corporate Office: 638 Burnet Ave., Syracuse, NY 13203 315/422-0211

**Ambulance**

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## POSITION APPLYING FOR

<input type="checkbox"/> EMT LEVEL 1 (B)	<input type="checkbox"/> EMT LEVEL 2 (I)	<input type="checkbox"/> EMT LEVEL 3 (CC)
<input type="checkbox"/> PARAMEDIC	<input type="checkbox"/> 911 DISPATCHER	<input type="checkbox"/> SUPERVISOR
<input type="checkbox"/> OFFICE	<input type="checkbox"/> BILLING	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME ( # _____ Hours Per Week )	
_____ DATE AVAILABLE		

Do you have a valid Driver's License?  Yes  No

Issued by what State: \_\_\_\_\_ License number: \_\_\_\_\_

Have you ever been convicted of a moving violation in the past year?  Yes  No

Have you ever been convicted of DWI or had your license revoked or suspended? :  
 Yes  No

If Yes, explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to lift 50 pounds?  Yes  No

## GENERAL INFORMATION

Have you ever been convicted of pled guilty or no contest to a misdemeanor or a felony?  
(Omit minor traffic violations)

Yes  No

If Yes, explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(A conviction will not necessarily disqualify you from employment.)*

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## EDUCATION & TRAINING

### High School:

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

Years completed: \_\_\_\_\_

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

If not, highest grade completed: \_\_\_\_\_ Have you received your GED? \_\_\_\_ Yes \_\_\_\_ No

### College:

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

Years completed: \_\_\_\_\_

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### Technical School:

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

Years completed: \_\_\_\_\_

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

### Other School / Training:

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

Years completed: \_\_\_\_\_

Did you graduate: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

### Certifications / Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most. Include Military)

Employer:	_____		
	(Name and full address)		
Start Date:	_____	Salary:	_____
End Date:	_____	Salary:	_____
Job Title:	_____		
Supervisor's Name and Title:	_____		
Job Description: (Type of duties/responsibilities)	_____		
	_____		
	_____		
Employer's Phone:	_____	May we contact:	____ Yes ____ No
Reason for Leaving:	_____		

Employer:	_____		
	(Name and full address)		
Start Date:	_____	Salary:	_____
End Date:	_____	Salary:	_____
Job Title:	_____		
Supervisor's Name and Title:	_____		
Job Description: (Type of duties/responsibilities)	_____		
	_____		
	_____		
Employer's Phone:	_____	May we contact:	____ Yes ____ No
Reason for Leaving:	_____		

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Employer: \_\_\_\_\_  
(Name and full address)

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

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Job Description: (Type of duties/responsibilities) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Phone: \_\_\_\_\_ May we contact:  Yes  No

Reason for Leaving: \_\_\_\_\_

EXPLAIN ANY GAPS IN EMPLOYMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been?**

Placed on probation or terminated for poor performance or absenteeism?  Yes  No

Disciplined or fired for insubordination or violating safety rules?  Yes  No

Disciplined or fired for assault / fighting?  Yes  No

Disciplined for client or patient abuse?  Yes  No

Disciplined for alcohol/drug related activity at work?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

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## REFERENCES

List **FIVE** persons, other than relatives, who have knowledge of your work experience and/or education.

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

List two **Personal** references that have known you for at least three years outside of your work experience.

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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## APPLICANT'S AGREEMENT

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal. If discovered at a later date, employment may be terminated. Furthermore, I understand that just as I am free to resign at any time, TLC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that no representative (other than the owner) of TLC has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about myself, if job related. I hereby release from liability the employer; its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I also give the employer authorization to procure my Motor Vehicle reports at any time during my employment.

I also state that any certificates or licenses submitted are true and complete to the best of my knowledge.

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(Applicant's Signature)

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(Date)

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