

INSTRUCTIONS: Please fill out all applicable data while on line using Adobe® Reader. **Leaving blank spaces may result in application being returned to you.** You may submit application by attaching to email addressed to <HR@tlcems.com>, or printing it out and mailing to:

Human Resources  
TLC **Emergency Medical Services Inc.**  
638 Burnet Ave.  
Syracuse, NY 13203

**TLC EMERGENCY MEDICAL SERVICES Inc.  
TLC MEDICAL HF 5BGDCF H5H-CB 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.

**PERSONAL INFORMATION**

Name  Date

Current Address  Apt.

City  State  ZIP

Email

Home Phone *incl. Area Code*

Cell Phone *incl. Area Code*

YES  NO Are you 18 or older?

YES  NO Are you legally authorized to work in the U.S.? *(Proof required at time of employment)*

YES  NO Do you have any relatives/friends working at TLC?

**GENERAL INFORMATION**

YES  NO Do you have a valid New York State driver's license?

State:  License Number:  Type:

**POSITION DESIRED-- Please select from following:**

Office/Clerical      Mechanic      Vehicle Maintenance      Dispatcher  
Receptionist      Facility Maintenance      Billing      **Medical Removal**

**Full Time**     **Part Time:** How many hours?     **Date Available:**

**EMPLOYMENT HISTORY**

*(List your last 3 employers or volunteer activities, starting with the most recent. Include military).*

**Employer & Address:**

**Start Date:**

**End Date:**

**Job Title:**

**Supervisor's Name and Title:**

**Job Description:** *(Type of duties/responsibilities)*

**Employer's Telephone:**

**May We Contact?**  **YES**  **NO**

**Reason for Leaving:**

---

**Employer & Address:**

**Start Date:**

**End Date:**

**Job Title:**

**Supervisor's Name and Title:**

**Job Description:** *(Type of duties/responsibilities)*

**Employer's Telephone:**

**May We Contact?**  **YES**  **NO**

**Reason for Leaving:**

**Employer & Address:**

**Start Date:**

**End Date:**

**Job Title:**

**Supervisor's Name and Title:**

**Job Description:** *(Type of duties/responsibilities)*

**Employer's Telephone:**

**May We Contact?**  **YES**  **NO**

**Reason for Leaving:**

---

---

**Explain any gaps in employment:**

**Have you ever been:**

**YES**  **NO** 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? *If so, explain:*

***(Answers of "Yes" for any of the above questions will not necessarily disqualify you from employment)***

**EDUCATION AND 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

Type of Certificate:  Expires:

---

**OTHER SCHOOL/TRAINING**

Name:

Address:

Years Completed:  Did You Graduate?  YES  NO

Type of Certificate:  Expires:

**OTHER SCHOOLS or CERTIFICATION:**


**REFERENCES**

*List 5 people, other than relatives, who have knowledge of your work experience and/or education.*

**Name:**

--

**Address:**

--

**Occupation:**

--

**Years Known:**

--

**Telephone Contact:**

--

**Name:**

--

**Address:**

--

**Occupation:**

--

**Years Known:**

--

**Telephone Contact:**

--

**Name:**

--

**Address:**

--

**Occupation:**

--

**Years Known:**

--

**Telephone Contact:**

--

**Name:**

**Address:**

**Occupation:**  **Years Known:**

**Telephone Contact:**

---

---

**Name:**

**Address:**

**Occupation:**  **Years Known:**

**Telephone Contact:**

---

---

*List 2 personal references that have known you for at least 3 yrs outside of your work.*

**Name:**

**Address:**

**Occupation:**  **Years Known:**

**Telephone Contact:**

---

---

**Name:**

**Address:**

**Occupation:**  **Years Known:**

**Telephone Contact:**

## 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 me, 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 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.

By digitally signing below, I hereby electronically certify that the statements made on this application form are true and accurate to the best of my knowledge.

I U i h cf]nY'nci 'hc 'V&bZ]fa 'h\Y']bZcfa UH]cb'dfcj ]XYX'cb'h ]g'Udd`]VWh]cb"

I accept:

To digitally sign, click on signature box and create an account as prompted. You must have Adobe Reader installed on your computer to use this feature.

**Save this application to your computer and *attach* the saved file to an email addressed to "HR@tlcems.com".**

### Mac computer users:

Thanks to your Mac OS X, you can send your PDF form by doing the following:

1. Choose "Print" from the File menu.
2. Click the drop-down PDF menu (as shown at right) and choose "Mail PDF".
3. Enter a "subject" (TLC Application), the Email address "hr@tlcems.com", and click "Send".

