



MOBILE LIFE SUPPORT SERVICES, INC.
P.O. Box 471 – 69 Dickson Street
Newburgh, NY 12551-0471
845-562-4368 / www.mobilelife.com

APPLICATION FOR EMPLOYMENT FIELD STAFF



PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
MAILING ADDRESS				
CITY		STATE		ZIP CODE
HOME TELEPHONE	ALTERNATE CONTACT (Cell phone/Pager)		E MAIL	

POSITION REQUESTED

- AEMT-4 / Paramedic
 AEMT-3 /CC
 AEMT-Intermediate
 EMT-Basic
 Communications Specialist
 Field Supervisor
 Account Representative
 EMT / EMS Instructor
 Paramedic / EMS Instructor
 Data Entry Clerk

JOB STATUS REQUESTED

- Full Time
 Part-Time
 Per Diem
Date You Can Start: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, LIST YOUR CURRENT WORK SCHEDULE (List the hours each day you are **NOT** available to work)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

IF YES, COMPLETE AN EMPLOYER REFERENCE REQUEST ATTACHED. IF NO, STATE WHY YOU DO NOT WANT US TO CONTACT YOUR CURRENT EMPLOYER.

HAVE YOU EVER COMPLETED AN APPLICATION WITH US BEFORE? YES NO

IF YES, WHEN _____, REASON YOU WERE NOT EMPLOYED: _____
Date

WERE YOU REFERED TO MOBILE LIFE SUPPORT BY ONE OF OUR CURRENT STAFF MEMBERS? YES NO

IF YES, WHO? _____ DATE REFERED: _____

Mobile Life Support Services Inc. is an equal opportunity employer.

EMERGENCY MEDICAL SERVICES TRAINING AND CERTIFICATIONS Not Applicable

CURRENT NYS EMS CERTIFICATION LEVEL	NYS CERTIFICATION NUMBER	CERTIFICATION EXPIRATION DATE	
LOCATION OF INITIAL BASIC EMT TRAINING	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME
LOCATION OF INITIAL ADVANCED TRAINING	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME
LOCATION OF YOUR MOST RECENT RE-CERTIFICATION	DATES PROGRAM ATTENDED	DATE COMPLETED	INSTRUCTOR NAME

OTHER CERTIFICATIONS – LIST ALL OTHER EMS CERTIFICATIONS PERTINENT TO THIS APPLICATION.

TITLE OF CERTIFICATION	DATE AQUIRED	EXPIRATION DATE	LOCATION OF PROGRAM	INSTRUCTOR

DRIVING EXPERIENCE

DO YOU POSSESS A VALID NEW YORK STATE DRIVER'S LICENSE? YES NO OTHER STATE _____

LICENSE ID NUMBER	ISSUING STATE	LICENSE RESTRICTIONS
DATE YOUR LICENSE WAS FIRST ISSUED	EXPIRATION DATE	LICENSE CLASS & ENDORSEMENTS

LIST **ALL** ACCIDENTS, VIOLATIONS AND/OR SUSPENSIONS THAT YOU HAVE INCURRED DURING THE 40 MONTHS PRIOR TO THE DATE OF THIS APPLICATION. ATTACH AN ADDITIONAL SHEET IF NEEDED.

DATE	ACCIDENT / VIOLATION	DESCIBE CIRCUMSTANCES	POINTS

LIST ANY DRIVER TRAINING PROGRAMS OR POINT REDUCTION PROGRAMS ATTENDED DURING THE 36 MONTHS PRIOR TO THE DATE OF THIS APPLICATION.

DATE	PROGRAM	LOCATION	INSTRUCTOR	POINTS REDUCED

DO YOU HAVE AMBULANCE DRIVING EXPERIENCE? YES NO

IF YES ANSWER THE FOLLOWING:

AMBULANCE TYPE Type II Type III

APPROXIMATE NUMBER OF HOURS: _____

WERE YOU GIVEN FORMAL DRIVER TRAINING? YES NO

IF YES, HOW MANY HOURS: _____

FORMAL EDUCATION

LIST ALL SCHOOLS THAT YOU ATTENDED SINCE ELEMENTARY SCHOOL. PLEASE PROVIDE COMPLETE INFORMATION.

SCHOOL NAME	COMPLETE ADDRESS & TELEPHONE NUMBER	DATES ATTENDED (MM/YY)	DATE GRADUATED (MM/YY)
ELEMENTARY			
MIDDLE SCHOOL			
HIGH SCHOOL			
COLLEGE			DEGREE/MAJOR
COLLEGE			DEGREE/MAJOR

EMPLOYMENT HISTORY

WE REVIEW THE DETAILED WORK HISTORY OF ALL APPLICANTS. LIST ALL OF YOUR PREVIOUS EMPLOYERS CHRONOLOGICALLY FROM HIGH SCHOOL GOING FORWARD.

DATES OF EMPLOYMENT (MM/YY)	NAME OF EMPLOYER COMPLETE ADDRESS & PHONE NUMBER	JOB HELD SUPERVISOR'S NAME	REASON FOR LEAVING	WAGES HOURLY

NON-JOB RELATED EMS AFFILIATIONS & EXPERIENCE

MOBILE LIFE EVALUATES ALL PREVIOUS EMS EXPERIENCE WHEN REVIEWING AN APPLICANT FOR EMPLOYMENT CONSIDERATION. LIST ALL EMS AGENCIES AND EXPERIENCES THAT WERE NOT EMPLOYMENT RELATED (VOLUNTEER).

DATES OF MEMBERSHIP	NAME OF ORGANIZATION COMPLETE ADDRESS & PHONE NUMBER	NAME OF CHIEF OFFICER	DUTIES POSITIONS HELD	REASON FOR LEAVING

PERSONAL REFERENCES

AS PART OF OUR PRE-EMPLOYMENT SCREENING, MOBILE LIFE INTERVIEWS PERSONS FROM PRIOR WORK EXPERIENCE AS WELL AS PERSONAL REFERENCES SUPPLIED BY THE APPLICANT. GIVE AT LEAST THREE PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU. COMPLETE THE ATTACHED REFERENCE FORMS TO COINCIDE WITH THE INFORMATION BELOW.

NAME	MAILING ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE OTHER THAN A VIOLATION?

NO YES IF YES, DESCRIBE BELOW (a conviction may not automatically disqualify the applicant)

DOCUMENTS & REFERENCE REQUEST FORMS

IN ORDER TO PROCESS AND VERIFY THE CONTENTS OF YOUR APPLICATION, SUBMIT PHOTOCOPIES OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1. High School Diploma or GED or equivalent
2. Verification of eligibility to work in the United States
3. NYS AEMT or EMT Certification
4. Valid Driver's License
5. All current certifications (CPR, ACLS, PHTLS, etc.)
6. Any other documents you feel pertinent to your application

APPLICANT'S STATEMENT

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I authorize the investigation and verification of all information, statements and references which I have furnished during my pre-employment interview and herein. I further authorize Mobile Life Support Services, Inc. to use this information in formulating its decision to make, or not make, an offer of employment.

In the event an employment offer is made, and accepted by me, based on the information provided, I understand that any omission of fact, false or misleading information discovered now or in the future may result in my being terminated from employment. Also, I understand that by accepting employment, I agree to abide by, and follow, all rules, regulations, policies, procedures and job requirements set by Mobile Life Support Services, Inc. and that failure to follow such rules and regulations shall be grounds for termination of my employment.

APPLICANT'S SIGNATURE	DATE
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HUMAN RESOURCES USE ONLY

DATE APPLICATION RECEIVED	INITIALS	REFERENCES MAILED ON	INITIALS	INTERVIEW CONDUCTED BY	DATE
FOLLOW UP INTERVIEW BY	DATE	FOLLOW UP INTERVIEW BY	DATE	APPLICATION REVIEW MEETING DATE	INITIALS
APPLICATION APPROVED	APPLICATION REJECTED	REASON			



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PREVIOUS EMPLOYMENT REQUEST FOR REFERENCE



DATE: _____

DEAR: _____

The applicant named below has applied for employment at Mobile Life Support Services, Inc. for the position indicated. The applicant has given your company and name as a reference. Please complete the reverse side of this form and return it to us in the envelope provided. In the event you have information you would like to discuss with us personally, please contact our Staff Development Office at 845-562-4368 ext. 224.

APPLICANT – COMPLETE THE INFORMATION IN THIS SECTION

NAME OF PREVIOUS EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE

NAME OF APPLICANT	POSITION APPLIED FOR
APPLICANT'S SOCIAL SECURITY NUMBER	

I authorize my previous employer to release any and all information regarding my employment and I understand that Mobile Life Support Services, Inc. will hold all information in strict confidence.

APPLICANT'S SIGNATURE	DATE
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PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING INFORMATION

LAST POSITION HELD BY APPLICANT	DATE HIRED	DATE SEPARATED
REASON FOR LEAVING	ELIGIBLE FOR RE-HIRE	WAGES

PLEASE CHECK THE BOX OPPOSITE EACH CHARACTERISTIC THAT BEST DESCRIBES THIS APPLICANT.

	ABOVE AVERAGE	AVERAGE	MARGINAL	NOT ACCEPTABLE
QUALITY OF WORK				
MOTIVATION AND INITIATIVE				
DEPENDABILITY				
COOPERATION WITH OTHERS				
APPEARANCE				
WORK ETHIC				
LOYALTY				
HONESTY				

PLEASE LIST ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE PERTINENT TO US EVALUATING THIS APPLICANT FOR EMPLOYMENT WITH OUR ORGANIZATION.

SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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MOTIVATION AND INITIATIVE				
DEPENDABILITY				
COOPERATION WITH OTHERS				
APPEARANCE				
WORK ETHIC				
LOYALTY				
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