



Maine Emergency Squad

2658 State Route 26
Maine, NY 13802
MaineEMS.Net

APPLICATION INSTRUCTIONS:

Read these instructions carefully before thoroughly completing this application.

1. This application must be completed by the applicant.
2. It should be typed or printed legibly in ink.
3. All questions should be answered as completely as possible, or your application will be automatically disqualified.
4. If a question does not apply to you, indicate by entering "N/A".
5. Any misstatement of fact, omissions or attempt to mislead this agency, either deliberate or in error, may lead to your disqualification or termination at any time.
6. All information contained in this application is confidential and may be shared with the Hiring Committee.
7. If you have any questions regarding the application, background check, or the application process, please contact us at 607-862-3615
8. Maine Emergency Squad Inc. is an equal opportunity employer that does not discriminate in hiring or employment on the basis of age, race, color, religion, creed, sex, marital status, national origin, ancestry, place of birth, sexual orientation, disability or disabled veteran status or any other legally protected category under federal, state or local agencies.
9. This application is not an employment contract as Maine Emergency Squad Inc. is an at-will employer. This means that MESI or its employees can end the employment relationship at any time, without notice or cause, and for any reason not prohibited by law.

Thank you,

Maine EMS Hiring Committee



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APPLICATION FOR VOLUNTEER OR EMPLOYMENT

Please indicate which you are applying for: _____ Part Time / Per Diem _____ Volunteer

Last Name: _____ First Name: _____

MI/Suffix _____/_____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

Phone Carrier: _____

Email: _____ Are you over 18 Yes/No

Note: All applicants are required to submit to a full background check including drug & medical testing:

Driver License Information: State _____ DL#: _____ Expiration: _____

DL History: Suspensions/Revocations/Tickets/Points: No/Yes – explain _____

Criminal History: Ever been convicted of a crime? No/Yes – explain _____

If you need additional space, please attach an explanation. Be specific, include dates and reason ...

Employment History: please circle Yes or No if we can contact employer for references

Employer (current or most recent): _____

From: _____ To: _____

Yes / No

Address: _____

Position: _____

Contact Name: _____

Telephone #: (____) ____ - _____



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Employer: _____

From: _____ To: _____

Yes / No

Address: _____

Position: _____

Contact Name: _____

Telephone #: (____) ____ - _____

Educational History

High School: _____ City/State: _____

Did you graduate? Yes / No If No, Do you have a GED? Yes / No

College/Graduate/Trade School: Please list School(s) attended, address, years attended, degree or certifications received:

EMT-B and Additional EMS Training: Please provide copies of cards

EMT ID# _____ Expiration Date: _____ State Issued: _____

Course Site: _____ Date Completed: _____

CPR Training: Provider: _____ Expiration Date: _____

List other certifications or classes you have completed _____

(ALS Providers are required to Have ACLS/PALS (We do provide in house training)

Do you now, or have you ever been a member of a paid or volunteer emergency service (EMS, Rescue, Fire) Yes/No

If yes, please list the organizations and dates of membership and/or employment.



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References:

Please list three personal or professional references, not relatives, which you have known for at least 1 year.

Name Address Phone number # years

- 1.
- 2.
- 3.

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; misstatement of fact, omissions or attempts to mislead the agency, either deliberate or in error, may lead to disqualification or termination at any time.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Our agency adheres to a policy of Employment-at-Will which allows either party to terminate the employment relationship at any time, for any reason, with or without cause or notice.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative.

I further authorize a full background check.

Signature: _____ Date: _____