

North East Quadrant Advanced Life Support, INC.

Application for Employment



North East Quadrant A.L.S., Inc
 P.O. Box 905
 Webster, NY
 USA
 14580
 Phone: 585-787-9060
 Fax: 585-787-1397
 www.neqals.org
 recruitment@neqals.org

Date:

Name:

Address:

City/State:

Zip Code:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

Hours Available to Work (indicate day, evening, night, any):

Mon	<input type="text"/>
Tue	<input type="text"/>
Wed	<input type="text"/>
Thu	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time Part-time Per Diem

Date available to begin work?

Applicants must be at least 19 years of age and eligible to legally work in the United States.

Have you ever been convicted of a misdemeanor or felony: yes no
 If yes, please explain

Do you have a drivers license? yes no

State of Issue

Have you had any motor vehicle accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employment (list up to 3 starting with most recent)

1.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Salary

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To:

Salary

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

Please list 2 references other than relatives and previous employers

Name	
Position	
Company	
Phone Number	

Name	
Position	
Company	
Phone Number	

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying including your NYS EMT certification number and original date of issue, if applicable, and any other professional certifications:

Level of training: Basic EMT EMT-I EMT-CC EMT-P CCEMTP

Certification Number: _____ Issued By: Expiration Date:

List any other training or certificates and expiration dates (CPR, ACLS, PALS, PEPP, ITLS, NIMS, etc.)

You may mail, fax, or submit by email, as an attachment, this application. By signing this document and submitting by any of the listed methods, you indicate that the information provided in this application is accurate and true. If information supplied in this application is found to be misleading or untrue, the applicant will be denied employment, or if employed by NEQALS, will be subject to termination.

Signature _____

Date _____