



SUPERIOR AMBULANCE

Proudly serving Broome County since 1964.

"Excellence in EMS"

You may submit this application by completing it, saving the file and then attaching it to an e-mail addressed to: hr@superiorems.com, or simply by printing it out and either delivering it by hand or to the address below.

APPLICATION FOR EMPLOYMENT

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone / Pager _____

SSN # _____ E-Mail Address: _____

Do you possess a valid drivers license? Yes No

Do you possess a valid CDL driver's license? Yes No

If yes, do you possess passenger endorsement? Yes No

EMT Certification # _____ Level, B, I, Critical Care, Paramedic,

Position Desired

Full Time Part Time EMT Dispatch

Date that you are first available to start work: _____ Desired Salary: \$ _____

Please submit a copy of your current Drivers License, EMT, CPR, or any other valid certification cards or certificates.

Superior Ambulance Service, Inc.
46 Exchange Street
Binghamton, New York 13901
Phone (607) 772-1456 • Fax (607) 772-8649
superiorems.com

Questions In General

Have you ever been convicted of a crime? Yes No

If yes please describe the nature of the offense, when, where and Disposition:

Have you ever been employed here before? Yes No

If yes please give dates of employment and reason for leaving. _____ To _____

Reason for leaving:

Have you ever submitted an application here before? Yes No, If yes when?
_____ To _____

Please list any Special Training or Certificates you may possess:

How did you learn of our service? _____

Please list any friends or relatives currently employed by Superior Ambulance Service.

Have your privileges to practice as an EMT/ AEMT ever been suspended or revoked?
Yes No, If yes, Please explain:

Employment History

Please list most recent employer first, along with a 5-year employment history in order of employment.

Name and address of employer:

Immediate supervisor: _____ May we contact Supervisor? Yes No

Describe duties or positions held: _____

Dates of employment: _____ to _____ Phone Number: _____

Salary: \$ _____

Reason for leaving:

Name and address of employer:

Immediate supervisor: _____ May we contact Supervisor? Yes No

Describe duties or positions held: _____

Dates of employment: _____ to _____ Phone Number: _____

Salary: \$ _____

Reason for leaving:

Name and address of employer:

Immediate supervisor: _____ May we contact Supervisor? Yes No

Describe duties or positions held: _____

Dates of employment: _____ to _____ Phone Number: _____

Salary: \$ _____

Reason for leaving:

Name and address of employer:

Immediate supervisor: _____ **May we contact Supervisor?** Yes No

Describe duties or positions held: _____

Dates of employment: _____ **to** _____ **Phone Number:** _____

Salary: \$ _____

Reason for leaving:

Name and address of employer:

Immediate supervisor: _____ **May we contact Supervisor?** Yes No

Describe duties or positions held: _____

Dates of employment: _____ **to** _____ **Phone Number:** _____

Salary: \$ _____

Reason for leaving:

Please account for any “Gaps “in your Employment History:

Education & Other Training

Do you possess a High School Diploma or Equivalent? Yes No

Do you possess a College Degree? Yes No

If yes, please list Major (s) of study:

List names of schools, which you attended, Course of study, and degree, or diploma (s) received:

Please list training history:

Instructor:	Course Location	Level of Cert.	Dates of Course

Volunteer Service

Please list current or previous affiliations with volunteer services (Fire, EMS, Other)

References

Please list names, addresses and phone numbers of 3 personal references:

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, falsified statements on this application shall be grounds for dismissal.

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.

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

Date _____ Signature _____

Interviewed By _____ Date _____

_____ (DO NOT WRITE BELOW THIS LINE) _____

REMARKS:

