



333 Glen Street, Suite 303
Glens Falls, NY 12801
www.E5SupportServices.com

Employment Application

Applying for E5 Support Services is a three-part process:

- 1) **Application process** - After filling out and submitting in this application to the above address, your references and employment history will be checked. Credentials may be verified.
- 2) **Interview & Evaluation process** – After the application process is complete, you will be invited in for an interview & evaluation of skills. Your job description will be explained to you and you will be expected to perform these job tasks as you would in the field. This is not a pass/fail test as it is a rating scale compared to other applicants for your position.
- 3) **Agency placement** – After the first two parts of the process are complete, E5 Support Services will sit down with the contracted agency and verify your abilities, persona and professionalism are a right fit for that agency.

Name _____

E-Mail Address _____

Cell Phone Number _____

Position Applying for (Circle): BLS Provider ALS Provider Trainer

Attached to this, you must include:

- ___ Resume
- ___ Cover Letter- Please address the following in your letter:
 - Why you are interested in E5 Support Services
 - What defines you as a professional
 - Relevant not addressed in your resume, including possible volunteer activities
- ___ Copy of valid driver's license
- ___ Copy of relevant certifications (NYS, AHA, and any others you feel are appropriate)

Please indicate the agencies you would like to work in:

<input type="checkbox"/> Castleton	<input type="checkbox"/> Nassau	<input type="checkbox"/> Sand Lake	<input type="checkbox"/> Ballston Lake
<input type="checkbox"/> Schroon Lake	<input type="checkbox"/> Hague Fire & EMS	<input type="checkbox"/> North Queensbury	
<input type="checkbox"/> Massena	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Potsdam	<input type="checkbox"/> Hermon Fire
<input type="checkbox"/> Wellsville			

Please describe your availability

Check One:	Circle:	Comments:
<input type="checkbox"/> Sunday	Day/Night	_____
<input type="checkbox"/> Monday	Day/Night	_____
<input type="checkbox"/> Tuesday	Day/Night	_____
<input type="checkbox"/> Wednesday	Day/Night	_____
<input type="checkbox"/> Thursday	Day/Night	_____
<input type="checkbox"/> Friday	Day/Night	_____
<input type="checkbox"/> Saturday	Day/Night	_____

Available Start Date: _____

Background Information

Have you ever been convicted of a crime? YES NO

If yes, please indicate the date of conviction and nature of charge:

(You will not be denied employment solely because of a conviction unless it is a conflict of interested with the job for which you are applying)

Please list three professional references that we may contact, including at least two past employers:

Name: _____ Phone Number: _____

Association: _____ Known how long: _____

Name: _____ Phone Number: _____

Association: _____ Known how long: _____

Name: _____ Phone Number: _____

Association: _____ Known how long: _____

Thinking of your required duties for the position you applying for, do you have any physical, mental, emotional or nervous conditions, diseases or disabilities that may affect your ability to perform your work duties?

YES NO

If yes, what can your employer do to accommodate your limitations?

Will you be able to lift your end of a stretcher that weighs approximately 125 pounds?

YES NO

Applicant Acknowledgment

I certify that the answers herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) is grounds for refusing to hire me, or for discharge should I be hired. I also authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that I may be required to pass one or more of the following: Physical examination, drug screen, respiratory evaluation, credit check and criminal record check, as a condition of hiring or continued employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change, in writing.

In the event of employment, I understand, also that I am required to abide by all rules and regulations of the employer.

Signed: _____

Date: _____