

All application materials including
**EMS Ambulance Staff
Application Packet**

Baldwin Fire District

2386 Grand Avenue
Baldwin, New York 11510
516-223-7670



www.baldwinfd.org

All application materials including
supporting documents must be emailed to:
emscoordinator@baldwinfd.org
or delivered to the address above.

BALDWIN FIRE DISTRICT

2386 GRAND AVENUE
BALDWIN, NEW YORK 11510



Emergency Medical Services Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #

_____ City State Zip Code

Phone: _____ Email: _____

Birth Date (mm/dd/yy) _____ Social Security #: _____

Position
Applied for: _____

Are you legally qualified to work in the United States?

YES ☒ NO ☐

Have you ever worked for the Baldwin Fire District?

If Yes, When?

YES ☒ NO ☐

Have you ever been convicted of a felony? YES ☒ NO ☐

If yes, explain:

EDUCATION

High School: _____ Address: _____

FROM: _____ TO: _____ Did you graduate? YES ☐ NO ☒

Diploma: _____

College: _____ Address: _____

FROM: _____ TO: _____ Did you graduate? YES ☒ NO ☐

Degree: _____

Graduate School: _____ Address: _____

FROM: _____ TO: _____ Did you graduate? YES ☐ NO ☒

Degree: _____

Other: _____ Address: _____

FROM: _____ TO: _____ Did you graduate? YES ☒ NO ☐

Degree/ Certificate: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

DRIVER LICENSE

Driver License # _____ State: _____ Exp. Date: _____

Class: _____

Have you ever had your driver license suspended or revoked?

YES ☒ NO ☐

If YES, Explain:

PREVIOUS EMPLOYMENT (List most recent employment first)

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☒ NO ☐

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☒

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☒ NO ☐

PREVIOUS VOLUNTEER EXPERIENCE (List most recent experience first)

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES ☒ NO ☐

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES ☒ NO ☐

Agency: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☒ NO ☐

CERTIFICATIONS

NYSDOH Certification:

EMT-P ☒ EMT Certificate # _____ Exp. Date: _____
 EMT-CC ☐ Current Re/ Certification Date: _____
 AEMT ☐
 EMT-B ☐ Total amount of time working in _____ / _____
 an emergency medical services YEARS MONTHS
 agency (years/ months):

Do you hold certifications in the following? (Proof must be submitted with Application)

CEVO:	YES	☒	NO	☐
NIMS 100	YES	☒	NO	☐
NIMS 200	YES	☒	NO	☐
NIMS 700	YES	☒	NO	☐
NIMS 800	YES	☒	NO	☐
Haz Mat Awareness	YES	☒	NO	☐

BLS CPR:	YES	☒	NO	☐
Expiration Date:		_____		
PALS:	YES	☒	NO	☐
Expiration Date:		_____		
ACLS:	YES	☒	NO	☐
Expiration Date:		_____		

List below any additional training, activities, or offices held, language, computer or specialized skills, or any other information you feel would be helpful to us in considering your application

DRIVING HISTORY

Please list all moving violations (including misdemeanors) within last three (3) years.

Driving Violation

Date of Offense

Disposition

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all motor vehicle accidents within the last three (3) years

MV Accident

Date

Location

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

Please list at least three (3) references who are not relatives of yours:

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE BALDWIN FIRE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE HIRING OR EMPLOYING, IN ACCORDANCE WITH THE REQUIREMENTS OF ALL APPLICABLE STATE AND FEDERAL LAWS, ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, ANCESTRY, MARITAL STATUS, DISABILITY OR AGE. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

IN COMPLETING THIS APPLICATION, I CERTIFY ALL MY INFORMATION IS TRUE AND CORRECT AND THAT I UNDERSTAND THE QUESTIONS AND STATEMENTS CONTAINED IN THIS FORM IN THEIR ENTIRETY AND THAT MY EMPLOYMENT IS SUBJECT TO REFERENCES BEING OBTAINED AND TO SUCCESSFUL COMPLETION OF A FUNCTIONAL SCREENING AND BACKGROUND CHECK. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF THE FACTS REQUESTED IN THIS APPLICATION OR ANY OTHER BALDWIN FIRE DISTRICT DOCUMENT THAT I COMPLETE MAY BE CAUSE FOR THE REJECTION OF MY APPLICATION OR MY IMMEDIATE TERMINATION. SHOULD I BE EMPLOYED BY THE BALDWIN FIRE DISTRICT AND I AGREE THAT THE BALDWIN FIRE DISTRICT MAY RELY UPON SUCH AFTER ACQUIRED EVIDENCE AS A COMPLETE DEFENSE TO ANY FUTURE CLAIM ASSERTED BY ME AGAINST THE BALDWIN FIRE DISTRICT.

IN ADDITION, I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY SCHOOL RECORDS OR PREVIOUS EMPLOYMENT AND HEREBY RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY OF DAMAGES FROM PROVIDING THE INFORMATION REQUESTED, IF EMPLOYED BY BALDWIN FIRE DISTRICT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF BALDWIN FIRE DISTRICT, INCLUDING THE EMPLOYEE HANDBOOK AND AS AN EMPLOYEE AT WILL I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE AT ANY TIME, AT THE OPTION OF EITHER BALDWIN FIRE DISTRICT OR MYSELF. I UNDERSTAND THAT MY APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF SIX MONTHS. AT THE END OF THAT PERIOD MY APPLICATION WILL BECOME INACTIVE. IF I WANT TO BE GIVEN FURTHER EMPLOYMENT CONSIDERATION, I WILL BE REQUIRED TO UPDATE AND RESUBMIT MY APPLICATION.

Applicant Signature

Date

This application must be fully completed. A resume may be included; however, it will not be a substitute for the application of any section within the application

Photocopies of licenses, certificates, and any other relevant documentation must be included with this application.

All inquiries regarding the EMS provider position should be either dropped off in person at 2386 Grand Avenue, Baldwin, NY 11510 or emailed to (can also be down loaded from the baldwinfd.org under files - district EMS Application):

emscoordinator@baldwinfd.org