



280 Calkins Road
Rochester, NY 14623
P: 585-334-4190
F: 585-334-8172
employment@chsmobilehealth.org
chsmobilehealth.org

EMPLOYMENT/MEMBERSHIP APPLICATION

CHS Mobile Integrated Healthcare, Inc. (CHS) considers the following information to be confidential.

CHS Healthcare offers equal opportunities to all persons without regard to race, color, religion, age, gender (including pregnancy, childbirth and related medical conditions), disability, national origin, ancestry, citizenship, military or veteran status, marital status, familial status, sexual orientation, gender identity or expression; domestic violence victim status; predisposing genetic characteristics or genetic information or any other status protected by law.

We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal state and local law. Applicants who require reasonable accommodation during the application process may contact our Human Resource Department.

Please follow these instructions when completing this application:

1. Print legibly in ink.
2. This application must be completed in full. Any incomplete applications will not be considered.
3. Please attach your resume.
4. If possible, attach copies of all relevant certifications including: EMT/Paramedic card, CPR, ACLS, PALS, NIMS, EVOC.





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APPLICANT INFORMATION

Today's Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Type Position Applying for: Career EMT Career Paramedic Communications Specialist Billing Specialist
 Volunteer Medic Assistant Volunteer EMT Volunteer Paramedic
 Other (please explain) _____

If you are applying for a volunteer position, are you at least 18 years of age? YES NO

If you are applying for a career position, are you at least 19 years of age? YES NO

If you are applying for an EMT or Paramedic position, do you have a valid Driver's License? YES NO

ARE YOU SEEKING: Full-time (35+ hours/wk) Per diem Volunteer

When are you generally available to work (check all that apply)?

Weekdays (7a-6p) Weeknights (6p-11p) Overnights (11p-7a) Weekends

Are you legally eligible for employment in the United States? YES NO

If you are applying for an EMT or Paramedic position and have any criminal convictions, have you obtained "clearance" from the NYS Dept. of Health to practice in EMS? (Reference DOH – Certification of Individuals with Criminal Convictions - Policy #15-04, or current policy)

YES NO Not Applicable

Were you ever a member or employee of CHS Mobile Integrated Healthcare or any of our affiliates in the past? NO YES, when? _____

Referred by: _____

Application continued on next page...



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EDUCATION

Highest Grade Completed: _____

Name of Last School Attended: _____

Degree Obtained: _____

License, Vocational or Trade Training: _____



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EMPLOYMENT/VOLUNTEER EXPERIENCE

List all your work/volunteer experience (starting with your most recent employer/volunteer experience).
Please account for all periods of unemployment in this section.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

If needed, include additional employment information on the back of this page.

Application continued on next page...



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APPLICANT'S STATEMENT

I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment with CHS Healthcare is on an at-will basis, which means that my employment may be terminated with or without cause and with or without notice at any time, at the will the Company or me. I further understand that no representative or agent of the Company, other than the Chief or Deputy Chief has the authority to enter into any agreement for employment for any specific period of time or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the Chief or Deputy Chief. I give CHS Healthcare permission to contact all or any of my previous employers and references and authorize them to disclose any information CHS Healthcare may request in the course of its investigation of this application for employment and I hereby release CHS Healthcare and such references and prior employers from any and all liability with respect to such disclosures.

After a tentative offer of employment has been made, if requested by CHS Healthcare, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with CHS Healthcare to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately. I also understand that if a conditional offer of employment is made, CHS Healthcare performs criminal background checks. A criminal conviction will not necessarily exclude me from consideration. Rather, each situation will be addressed on an individual basis, consistent with applicable law.

I have provided truthful and complete responses to all inquiries in the application and authorize CHS Healthcare to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by CHS Healthcare's rules and regulations, which I understand are subject to change by CHS Healthcare.

Signature: _____

Date: _____

