LEROY AMBULANCE SERVICE, INC.

1 Tountas Ave - LeRoy, New York 14482
(585) 768-8612 (585) 768-2200 Fax
www.leroyems.org

Employment Application

LeRoy Ambulance Service, Inc. is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital status, sexual orientation, gender identity, or any other protected status in accordance with applicable federal, state, and local laws.

Mission Statement

The following mission statement reflects the expectations we hold for every member of our team.
Please review our values and only apply if they resonate with you.

At LeRoy Ambulance Service, we're proud to serve our community with the same care and compassion we'd show our own families. As a small-town EMS agency, we believe that professionalism, integrity, and respect are the foundation of everything we do — whether we're responding to emergencies, supporting our fellow employees, or working alongside our partners in public safety.

Serving our community is both an honor and a responsibility. We're committed to providing high-quality, compassionate care while treating every patient and family with dignity. As a team, we value trust, accountability, and working together to deliver the highest standard of emergency medical care while maintaining a professional attitude and appearance at all times.

Instructions

Please complete all sections of this application thoroughly and accurately. Incomplete applications may not be considered. If additional space is required, attach a separate sheet and reference the relevant section. You are also encouraged to submit a resume or CV along with this application.

Position Applied For

Level of Care: ☐ EMT - ☐ AEMT - ☐ Paramedic

Employment Category: ☐ Full Time - ☐ Per-Diem

Personal Information

Full Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Employment Eligibility
Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Licensing & Certifications
NYS EMT/Paramedic Certification Level: _____

Certification Number: _____ Expiration Date: _____

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

Employment History
Please provide your employment history for the past three employers:

Employer #1: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Is it okay for us to contact this employer? ☐ Yes ☐ No

Employer #2: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Is it okay for us to contact this employer? ☐ Yes ☐ No

Employer #3: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Is it okay for us to contact this employer? ☐ Yes ☐ N

Education & Training

High School: _____

College/Trade School: _____

Degree/Certificate Awarded: _____

EMS or Other Relevant Training: _____

Skills & Qualifications

List any special skills, certifications, or experience relevant to the position, including equipment proficiency, patient care skills, or other qualifications:

_____

_____

_____

Availability & Scheduling

Preferred Shifts: ☐ Days ☐ Evenings ☐ Nights

Willing to work weekends/holidays? ☐ Yes ☐ No

Employment Conditions & Probationary Period Acknowledgement

I understand that any offer of employment made by LeRoy Ambulance Service, Inc. ("LAS") is conditional and contingent upon my successful completion of all required pre-employment screenings, which may include, but are not limited to:

- Criminal background checks
- Motor vehicle record checks
- Drug and alcohol testing
- Pre-employment physical examinations and/or immunization requirements
- Verification of certifications and licenses required for the position

I further understand and agree that, if hired, my employment will begin with a 90-day probationary period. During this period, LAS will evaluate my performance, conduct, and overall suitability for continued employment. **I acknowledge that LAS may terminate my employment at any time during the probationary period, with or without cause, and with or without notice.**

I also understand and agree that, unless otherwise expressly stated in a written agreement signed by the Chief of LAS, my employment with LAS is at-will. This means that either I or LAS may terminate the employment relationship at any time, with or without cause or notice, subject to applicable laws.

By signing below, I confirm that I have read and understood the conditions outlined and acknowledge that compliance with all pre-employment and ongoing requirements is necessary for consideration of employment.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____