



**Durham Ambulance Inc.**

P.O. Box 99

East Durham, New York 12423

Phone: 518-239-6100

**EMPLOYMENT APPLICATION**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Level of Training \_\_\_\_\_ Issuing State \_\_\_\_\_ ID Number \_\_\_\_\_ Expiration Date \_\_/\_\_/\_\_

CPR Expiration Date \_\_/\_\_/\_\_

References: 3 people who are not related and who have known for over a year. Please provide Name, Address, and Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Experience: List all previous EMS Experience. Include Company Name Address and Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_