



P.O. Box 33 New City, New York 10956 (845) 639-7060

Dear Applicant,

Thank you for expressing interest in serving with the New City Volunteer Ambulance & Rescue Squad.

To begin the process of placing an application on file, we ask that you complete the following:

Please complete the Membership Application completely, sign it and return it to us with all of the required documents (EMS and CPR are listed under the attachments section):

- A copy of your resume (if available)
- A letter from Clarkstown Police Department verifying your clearance
- Physical exam clearance from MD (you will receive this during your interview)
- A copy of your Drivers' License

Upon receipt of your signed application, the Membership Committee will contact you to schedule an interview. Again, thank you for your interest and we look forward to meeting with you. Please feel free to contact us if you have any questions.

Sincerely,

The Membership Committee

APPLICATION FOR MEMBERSHIP

NEW CITY AMBULANCE CORPS & RESCUE SQUAD IS AN EQUAL OPPORTUNITY EMPLOYER

CONTACT INFORMATION

Name: _____

Mailing Address: _____

City, State, Zip: _____

Legal Address (if different): _____

Cell Phone: _____ Mobile Carrier: _____

Phone (secondary): _____ Home Work Date of Birth: _____

Email Address: _____

POSITION DESIRED

Volunteer Youth Corps Paid EMS Staff

When can you start? _____

Have you ever filled an application with us before? _____

EMS EDUCATION AND TRAINING

Current Level of Certification: CPR ONLY Certified First Responder EMT

New York State Certification Number: _____ Exp date: _____

FORMAL EDUCATION

High School _____ Graduated? Yes No

College/University _____ Degree Earned: _____

Other: _____

Updated 1/2017

NAME: _____

PRINT NAME

PLEASE PRINT YOUR NAME AT THE BOTTOM OF EACH PAGE

EMPLOYMENT

Beginning with your current employer, please list up to (3) consecutive employers.

Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

Currently employed? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

Updated 1/2017

NAME: _____

PRINT NAME

May we contact for a reference? Yes No

AMERICANS WITH DISABILITIES ACT

In order to perform the duties of the position for which you are applying, will you require an accommodation? (An answer in the affirmative will not disqualify an otherwise qualified applicant from employment) Yes No

CRIMINAL HISTORY

Have you ever been convicted of a crime other than a misdemeanor violation? Yes No
(If YES, provide an attached explanation of the circumstances. A conviction will not necessarily disqualify an applicant from employment)

DRIVING HISTORY

Do you have a valid New York State Driver License? Yes No

Motorist ID Number: _____ Expires: _____

List below any traffic violations, accidents, suspensions, or revocations in the last five (5) years

Date: _____ Description of Accident or Violation (include court location & fines)

EMS EXPERIENCE

Beginning with your current EMS Agency (if any), list up to three (3) consecutive places of service.

Currently associated? Yes No

Your Title _____ Date Started _____ Date Left _____

Agency _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

NAME: _____

PRINT NAME

May we contact for a reference? Yes No

Currently associated? Yes No

Your Title_____Date Started_____Date Left_____

Agency_____Supervisor_____Phone_____

Address_____

Brief Description of Duties_____

Reason for Leaving_____

May we contact for a reference? Yes No

Currently associated? Yes No

Your Title_____Date Started_____Date Left_____

Agency_____Supervisor_____Phone_____

Address_____

Brief Description of Duties_____

Reason for Leaving_____

May we contact for a reference? Yes No

COMMUNITY SERVICE/VOLUNTEER EXPERIENCE

Currently affiliated? Yes No

Your Role_____Date Started_____Date Left_____

Organization_____Supervisor_____Phone_____

Address_____

NAME: _____
 PRINT NAME

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

Currently affiliated? Yes No

Job Title _____ Date Started _____ Date Left _____

Employer _____ Supervisor _____ Phone _____

Address _____

Brief Description of Duties _____

Reason for Leaving _____

May we contact for a reference? Yes No

PERSONAL REFERENCE

List three (3) personal references, not living with you or family, that have known you for at least three (3) years.

Name _____ How long acquainted _____ Phone _____

Address _____ City, State _____ Zip _____

How do they know you? _____ May we contact for a reference? Yes No

Name _____ How long acquainted _____ Phone _____

Address _____ City, State _____ Zip _____

How do they know you? _____ May we contact for a reference? Yes No

Name _____ How long acquainted _____ Phone _____

Address _____ City, State _____ Zip _____

How do they know you? _____ May we contact for a reference? Yes No

NAME: _____

PRINT NAME

ATTACHMENTS

- Please submit legible photocopies of the following documents:
- New York State Drivers License
- CPR for Healthcare Provider (AHA or ARC)
- EMS Certificate
- Any other documents the applicant feels are pertinent

APPLICANT'S STATEMENT AND BACKGROUND CHECK RELEASE

I certify that all information provided herein is true and complete to the best of my knowledge.

I hereby authorize New City Ambulance Corps & Rescue Squad to make any investigations of my criminal, motor vehicle, education and employment histories or any other related affairs as may be necessary in arriving at a membership/employment decision. I also release all personal from liabilities in responding to inquiries regarding my application.

In the event of membership/employment, I understand that upon discovery of false or misleading information in my application or during my membership/employment interview, may result in my discharge. I also understand that I am required to follow all rules, regulations, policies, procedures and job requirements of New City Volunteer Ambulance & Rescue Squad, and that failure to do so may result in my discharge.

In place of the original, I permit a copy of this statement to be used.

Signature of Applicant

Date

Printed Name of Applicant

Updated 1/2017

NAME: _____
 PRINT NAME