



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

NAME: \_\_\_\_\_

PRINT NAME