



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
- Signed application including authorization for background check
- Physical exam clearance form from your personal physician or Corps physician, including copies of all vaccination records

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: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Address (if different): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Phone (secondary): \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## POSITION DESIRED

Volunteer       Paid EMT

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: \_\_\_\_\_

## COVID-19 VACCINATION STATUS (required for membership)

1<sup>st</sup> Dose: \_\_\_\_\_ 2<sup>nd</sup> Dose: \_\_\_\_\_ 3<sup>rd</sup> Dose: \_\_\_\_\_ Booster: \_\_\_\_\_

## 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 \_\_\_\_\_

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

## BACKGROUND INFORMATION

1. Have you ever been convicted of a misdemeanor felony?  Yes  No
2. Are there currently any charges pending against you in court?  Yes  No
3. Do you have any physical, mental, health, drug or alcohol problems?  Yes  No



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4. Do you have any limitations that would prevent you from executing your duties in EMS?  Yes  No
5. Have you ever been removed or forced to resign from any organization?  Yes  No
6. Have you ever received a discharge from the US Military that was other than honorable?  Yes  No
7. Do you have any psychological conditions which may limit your ability to perform any aspect of any function as a member of the Corps?  Yes  No
8. Is there any information that you wish to share with the officers of the Corps that may affect your ability to adequately perform your duties and responsibilities for the Corps?  Yes  No
9. Have you ever been a plaintiff or defendant in a civil action?  Yes  No

If you have answered yes to any of the above questions, please explain below. Use additional paper or the reverse side of the application as needed.

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## 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)

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## EMS EXPERIENCE

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

Currently associated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title_____Date Started_____Date Left_____
Agency_____Supervisor_____Phone_____
Address_____
Brief Description of Duties_____
Reason for Leaving_____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

## COMMUNITY SERVICE/VOLUNTEER EXPERIENCE

Currently affiliated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Role_____Date Started_____Date Left_____
Organization_____Supervisor_____Phone_____
Address_____
Brief Description of Duties_____
Reason for Leaving_____
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name_____	How long acquainted_____	Phone_____
Address_____	City, State_____	Zip_____
How do they know you?_____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name_____	How long acquainted_____	Phone_____
Address_____	City, State_____	Zip_____
How do they know you?_____		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 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



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## 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