



**VALATIE RESCUE SQUAD, INC.
EMPLOYMENT APPLICATION**

Valatie Volunteer Rescue Squad, Inc. (VRS) considers applications for employment without regard to race, color, religion, sex, national origin, age, disability or genetic information, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. VRS IS A DRUG-FREE WORKPLACE.

Type of Position Applying For:

Full-Time Part-Time Per Diem

Title of Position Applying For: _____

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

Social Security Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: _____ Email: _____

VRS's liability insurance carrier requires all Emergency Vehicle Operators be at least 21 years of age.

Are you at least 21 years of age? YES NO

Date Available to Start: _____

How did you find out about Valatie Rescue Squad?

Do you have any relatives or friends who work for Valatie Rescue Squad?

YES NO

Please list:



EMS EXPERIENCE

Have you ever been an employee or volunteer of VRS or any other ambulance, fire company or public safety organization in the past? If so, indicate the name and location of the company, dates of volunteering/employment, and reason for leaving:

Name of Organization	Employment/ Volunteer Date	Reason For Leaving

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Expiration Date



GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years. For each violation, describe the date of the conviction, and for each accident, describe the date, type of accident, and if you were at fault:

Have you ever been convicted, or pled guilty or no contest to any felony or misdemeanor, or had your driver's license or professional license or certification revoked or suspended? YES NO

A conviction will not necessarily disqualify you from employment.

If yes, explain:

Have you ever been excluded or are you currently excluded from participation in any federal or state health care program? YES NO

If yes, please provide details (date, time, facts involved, current status, which program(s), and state (if applicable)):



EMPLOYMENT (AND EMS/FIRE VOLUNTEER) HISTORY

(List your last three employers (and EMS/fire volunteer activities), starting with the most recent.)

I. Employer: _____
Job Title: _____ **Supervisor:** _____
Start Date: _____ **Salary:** _____
End Date: _____ **Salary:** _____
Job Description (including duties and responsibilities):

Employer's Telephone #: _____ **May we contact?** YES NO
Reason for leaving:

II. Employer: _____
Job Title: _____ **Supervisor:** _____
Start Date: _____ **Salary:** _____
End Date: _____ **Salary:** _____
Job Description (including duties and responsibilities):

Employer's Telephone #: _____ **May we contact?** YES NO
Reason for leaving:

III. Employer: _____
Job Title: _____ **Supervisor:** _____
Start Date: _____ **Salary:** _____
End Date: _____ **Salary:** _____
Job Description (including duties and responsibilities):

Employer's Telephone #: _____ **May we contact?** YES NO
Reason for leaving:



Have you served in the U.S. Armed Forces: YES NO

If "Yes," in which branch? Air Force Army Coast Guard Navy

Military Separation Status: Not Applicable Retired Separated

Military Service: Start Date: _____ End Date: _____

Explain any gaps in employment history:

PAST EMPLOYMENT/VOLUNTEER ACTIVITIES

As either an employee or volunteer, have you ever been:

- Disciplined or terminated for driving-related reasons? YES NO
- Disciplined or terminated for excessive absenteeism? YES NO
- Disciplined or terminated for insubordination? YES NO
- Disciplined or terminated for violation of safety rules? YES NO
- Disciplined or terminated for assault or fighting? YES NO
- Disciplined or terminated for harassment or discrimination? YES NO
- Disciplined or terminated for your treatment of a patient? YES NO
- Disciplined or terminated for alcohol or drug-related reasons? YES NO
- Terminated for any other reason? YES NO

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

If you answered yes to any question above, please explain:



EDUCATION AND TRAINING

HIGH SCHOOL

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Degree: _____ Major: _____

OTHER COLLEGE

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Degree: _____ Major: _____

TECHNICAL SCHOOL

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Certificate: _____ Expires: _____

License: _____ Expires: _____

OTHER SCHOOL/TRAINING

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Certificate: _____ Expires: _____

License: _____ Expires: _____



EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under certifications):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

What motivated you to apply for employment with VRS?



REFERENCES

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____
Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____
Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____
Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

List two personal references that have known you for at least three years outside of work.

Name: _____
Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____
Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____