



**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 Volunteer

Title of Position Applying For: _____

Date Available to Start: _____

PLEASE PRINT

PERSONAL INFORMATION

Name: _____

Social Security Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

All employees must meet the requirements of the current liability insurance carrier, have three years of experience driving with a minimum of a Class D Operator License (this may include Class DJ)

Do you meet the above requirement? YES NO

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 Marines

Military Separation Status:

Retired Separated Discharged Not Applicable

Please provide copy four of your DD214, if applicable.

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): _____

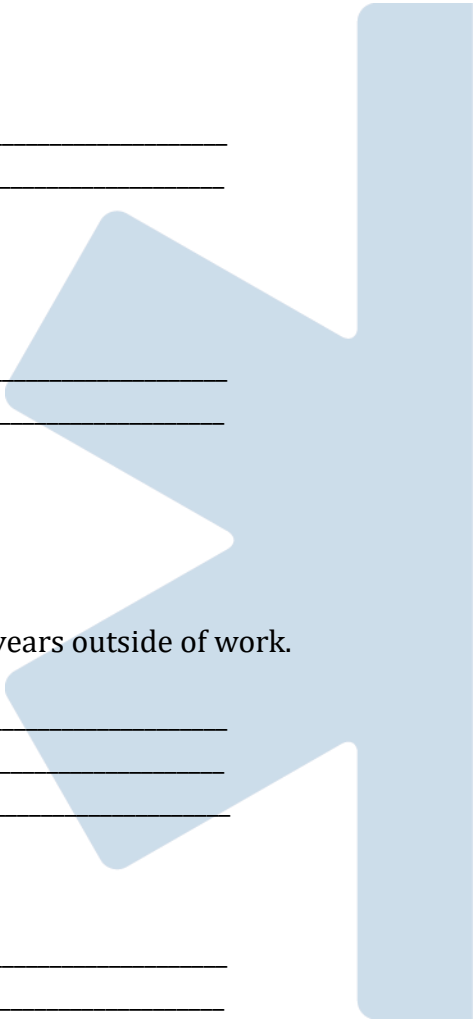
Name: _____
Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

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): _____





ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I recognize that completion of this Application does not mean that I will be accepted as an employee and does not obligate Valatie Volunteer Rescue Squad, Inc. to accept me as an employee. Applications will remain active for six months, after which time re-application will be necessary. If accepted for employment, I agree to abide by all rules, regulations and policies established by Valatie Volunteer Rescue Squad, Inc. and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will, which means either Valatie Volunteer Rescue Squad, Inc. or I can terminate employment for any reason or no reason. This Application is not an agreement or contract for employment. If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the duties of my then-current position with Valatie Volunteer Rescue Squad, Inc.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) after I am offered the position and prior to the start date of my position and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Valatie Volunteer Rescue Squad, Inc. as a condition of my employment, and I hereby give my consent to the release of all information which Valatie Volunteer Rescue Squad, Inc. deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with Valatie Volunteer Rescue Squad, Inc.

I hereby authorize Valatie Volunteer Rescue Squad, Inc. to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquiries. I release Valatie Volunteer Rescue Squad, Inc. and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify (within 24 hours) Valatie Volunteer Rescue Squad, Inc. of any instance in which I am arrested or convicted of any felony or misdemeanor.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my position with Valatie Volunteer Rescue Squad, Inc. may be terminated. I agree to immediately notify (within 24 hours) Valatie Volunteer Rescue Squad, Inc. if I learn that I am being excluded from participation in any federal or state health care programs.

Applicant's Signature: _____ Date: _____

Printed Name: _____