

DATE RECEIVED:	
COMMITTEE APPROVAL:	
MEMBERSHIP APPROVAL:	
VALID SQUAD MEMBER?:Y/N	

PERSONAL INFORMATION

DATE _____

LAST NAME _____ SUFFIX _____ FIRST NAME _____ MI _____

ARE YOU 18 YEARS OF AGE? YES NO BIRTHDATE _____ SSN _____ XXX-XX-XXXX

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

QUALIFICATIONS

PLEASE CHECK POSITION APPLYING FOR

EXP

- PARAMEDIC
- EMT-CC
- EMT-I
- EMT-B
- DRIVER

EMT# _____	EXP _____
EMT# _____	EXP _____
EMT# _____	EXP _____
EMT# _____	EXP _____

ALPHABET COURSES

Y/N

EXP

CPR		
ACLS		
PALS		
ITLS		

DRIVERS HISTORY INFORMATION

DO YOU POSSESS A VALID NYS DRIVERS LICENSE? YES/NO CLIENT ID# _____

CLASS _____ EXP _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES/NO

If you answered yes, please attach a narrative to this application with an explanation.

HAVE YOU HAD ANY ACCIDENTS WITHIN THE LAST 5 YEARS? YES/NO IF YES, HOW MANY? _____

If you answered yes, please attach a narrative to this application with an explanation.

DO YOU HAD ANY MOVING VIOLATIONS IN THE LAST 5 YEARS? YES/NO IF YES, HOW MANY? _____

If you answered yes, please attach a narrative to this application with an explanation.

EDUCATION

HIGH SCHOOL _____ CITY & STATE _____

DIPLOMA _____ DATE GRADUATED _____

COLLEGE _____ CITY & STATE _____

DIPLOMA _____ DATE GRADUATED _____

OTHER EDUCATION _____ CITY & STATE _____

PROGRAM _____ DATE COMPLETED _____

Please provide additional education information on an attached sheet if necessary.

AGENCY _____ ADDRESS _____

POSITION/TITLE _____ SUPERVISOR _____

START DATE _____ END DATE _____ MAY SUPERVISOR BE CONTACTED? Y N

AGENCY _____ ADDRESS _____

POSITION/TITLE _____ SUPERVISOR _____

START DATE _____ END DATE _____ MAY SUPERVISOR BE CONTACTED? Y N

AGENCY _____ ADDRESS _____

POSITION/TITLE _____ SUPERVISOR _____

START DATE _____ END DATE _____ MAY SUPERVISOR BE CONTACTED? Y N

APPLICATION QUESTIONS

WHEN ARE YOU GENERALLY AVAILABLE TO RESPOND TO EMS CALLS?

Check all that apply.

DATE AVAILABLE TO START MM/DD/YY

DAY	<input type="checkbox"/>
EVENING	<input type="checkbox"/>
NIGHT	<input type="checkbox"/>

ARE YOU AVAILABLE TO TAKE ON-CALL? Y N

On-Call means you are committed to respond to EMS calls. On-Call may entitle the member to staff Randolph 10 (ALS fly car).

DO YOU HAVE AN INTEREST IN PROGRESSING YOUR LEVEL OF CERTIFICATION OR TAKING ADDITIONAL COURSES? Y N

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO A CRIME OTHER THAN A MINOR TRAFFIC INFRACTION?

Y N *If yes, please attach a sheet covering the following information...*

If yes, please explain in detail and include the date of final disposition of the case and nature of the offense. This information will not necessarily disqualify you from membership but false or misleading information will. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

REFERENCES

NAME _____ ADDRESS _____

ORGANIZATION _____ PHONE # _____ YEARS KNOWN _____

NAME _____ ADDRESS _____

ORGANIZATION _____ PHONE # _____ YEARS KNOWN _____

STATEMENT

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. I authorize Randolph Regional EMS to check any and all statements and references contained in this document for accuracy and completeness. I authorize the references listed as well as my previous employers to release information pertinent to this application. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Randolph Regional EMS or any of its agents, employees or representatives. I understand that any misrepresentation, omission of information or falsification on this application may result in my failure to receive an offer or if acceptance my dismissal from membership.

SIGNATURE _____

PRINTED NAME _____

DATE _____

Thank you for your interest in joining the Randolph Regional EMS Corporation!



Randolph Regional EMS Corporation

P.O. Box 122
Randolph, NY 14772

CONSENT FOR CRIMINAL BACKGROUND CHECK AND INVESTIGATION

[If consent is not provided, the application will be rejected]

I, _____, hereby provide my consent to Randolph Regional EMS Corporation and their agents (including police agencies) to search my criminal record of pleas and convictions, and presently pending charges, and to provide the results to Randolph Regional EMS Corporation as part of this application process. I also provide my consent to investigate my record of driving and traffic convictions.

Applicant Signature

Date