



CAZENOVIA AREA AMBULANCE SERVICE MEMBERSHIP APPLICATION

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (Not Applicable). Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages. You may attach a resume or cover letter on a separate sheet of paper.

Cazenovia Area Ambulance Service considers applications for membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Cazenovia Area Ambulance Service IS A DRUG-FREE WORKPLACE

1. PERSONAL INFORMATION			
Name in Full (Last, First, Middle)			Social Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()
City	State	Zip Code	Work Telephone Number ()
Email Address			Cell Phone Number ()
Do you have a valid Wisconsin driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, do you have a valid driver's license from another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License #: _____ State: _____		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a separate sheet giving full information.	

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from membership.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

Position Applying for: _____

How did you find out about this position? _____

2. EDUCATION

Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:

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

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMR / EMT-B / Advanced EMT / EMT-P (Circle One)			
National Registry			
EMD			
EVOC/CEVO			
CDL			
Other Certifications (ICS, TEMS, Fire, Officer, Etc.):			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically your last four employers, including summer and part-time employment while attending school.

Name and Address of Employer	Dates	Position and Kind of Work
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving
Name _____ Street _____ City, State _____ Supervisor's Name/Telephone: _____ May we contact the employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving

Explain any gaps in employment: _____

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO
Disciplined by a previous Medical Director?	YES	NO
Disciplined by a State EMS Office	YES	NO

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

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

4. MILITARY SERVICE						
Branch of Service	Month/Year Served		Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty	Discharge Status
	From	To				
List special schools attended/skills acquired during military service.						
5. REFERENCES						
Give three professional references (not relatives, or present employer; avoid listing members of the clergy).						
Name					Number of Years Acquainted	
Address _____					Position/Title/Profession	
City/State/Zip _____						
Telephone Number () _____						
Name					Number of Years Acquainted	
Address _____					Position/Title/Profession	
City/State/Zip _____						
Telephone Number () _____						
Name					Number of Years Acquainted	
Address _____					Position/Title/Profession	
City/State/Zip _____						
Telephone Number () _____						

6. General Information

When are you available to volunteer? Please place an "X" in all boxes that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-12 noon							
12 noon-6pm							
6pm-12 mid							
12 mid-6am							

Availability Considerations: _____

Medical – Do you have any medical or physical problems that prevent you from: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Doing CPR? | <input type="checkbox"/> Lifting 100 – 150 lbs.? | <input type="checkbox"/> Climbing/Descending Stairs? |
| <input type="checkbox"/> Carrying 70 lbs. of equipment? | <input type="checkbox"/> Driving a Vehicle? | <input type="checkbox"/> Wearing Respiratory Protection |
| <input type="checkbox"/> Bending, squatting, kneeling, walking on uneven ground | | |
| <input type="checkbox"/> Any other physical condition(s) which would prevent you from meeting the requirements of being an EMT? _____ | | |

7. 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 my discharge if hired. I recognize that completion of this application does not mean that openings exist and does not obligate the Organization in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Cazenovia Area Ambulance Service is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

I hereby authorize Cazenovia Area Ambulance Service to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release Cazenovia Area Ambulance Service and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

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 membership with Cazenovia Area Ambulance Service may be terminated.

Applicant's Signature _____ Date Signed: _____