

GOSHEN VOLUNTEER AMBULANCE CORPS, INC.

P.O. Box 695
Goshen, New York 10924

EMPLOYMENT APPLICATION

Personal Data

Name: _____

Mailing Address: _____ Years at Residence: _____

Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone (H): _____ Phone (C): _____

Emergency Contact Information:

Name: _____ Relation: _____

Phone (H): _____ Phone (C): _____

Previous Addresses (include previous temporary and permanent address) covering the last five years
(include permanent address if you are a college student):

Street Address	City	State	Zip Code	Date From/Date to

Authorization to Work

Are you a citizen of the United States? [] YES [] NO

If not, what is your residency status: _____

General Information

Being an active member of the Goshen Volunteer Ambulance Corps requires a significant commitment of time and effort. Please indicate whether you will be able to:

Respond to emergency calls on an off-duty basis? [] YES [] NO

Complete all required medical evaluations and assessments as required by federal, state and Corps regulations? [] YES [] NO

Participate in and complete any required training for active status in your position, if accepted. (EMT, CPR or OSHA/DOH mandated training)? [] YES [] NO

Please provide what hours and days you would typically be able to work:

Do you have any physical or medical condition/Impairment/medications, which may affect your ability to perform strenuous activity as required in emergency medical services work? [] YES [] NO

If "yes" please explain:

Certifications and Training

Include CPR/AED, any EMS certifications or professional licenses/certifications (Provide Copies)

License/Certification	Issue Date	Issued By	Cert Number	Expiration Date

Driving Record

License Number _____ Class _____ State _____ Date of Expiration _____ Points, If Any _____

Do you have any moving violations or accidents in the last five (5) years? * [] YES [] NO

If "yes" please explain: _____

Has your license ever been suspended or revoked? [] YES [] NO

If "yes" please explain: _____

* Your name will be submitted to the New York State LENS Program and the Corps will be notified of vehicular infractions.

Previous Affiliations

Have you ever been an applicant or employee/member of any fire dept. or ambulance? [] YES [] NO

If yes, please list name, address, contact name and number of organization(s) below

DepartmentName	Address	Phone Number	ContactName	To/From

Previous Military Experience [] YES [] NO

If yes: Branch: _____ Number of years: _____

Type of Discharge: _____ Date of Discharge: _____

Social Media

Please provide the addresses for your social media accounts:

Facebook: _____ Twitter: _____

Instagram: _____ Pinterest: _____

Others: _____

Education

Complete all appropriate Items, even if you already provided us with a resume

High School Name:	Address:	City/State/Zip Code:
Graduated? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	If you obtained a GED, indicate date and state where obtained:	

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	Academic Standing/ GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	Academic Standing/ GPA:

Employment History

List your Job history for the past five (5) years or last five (5) employers, including unpaid experience, starting with your current or most recent position. Indicate any periods in which you were not employed and explain what you were doing during that time. Include U.S. Military experience and summer/part-time jobs.

Employer: _____

Job Title: _____ Immediate Supervisor: _____

StartDate: _____ End Date: _____

Reason for Leaving: _____

Employers Phone# _____ May we contact [] YES [] NO

Employer: _____

Job Title: _____ Immediate Supervisor: _____

StartDate: _____ End Date: _____

Reason for Leaving: _____

Employers Phone# _____ May we contact [] YES [] NO

Employer: _____

Job Title: _____ Immediate Supervisor: _____

StartDate: _____ End Date: _____

Reason for Leaving: _____

Employers Phone# _____ May we contact [] YES [] NO

Security Data Information

Provide accurate and complete information in response to the following three (3) question. This information will be taken into account during the employment review process. Do not include Information regarding arrests without convictions, convictions or incarcerations for which a record has been sealed or expunged. Please note that a criminal record will not necessarily disqualify you from employment.

- Are there any criminal charges pending against you? [] YES [] NO
- Have you ever been convicted, or plead guilty to a felony or misdemeanor, including a DWI/DUI or similar offense (Include military service convictions or guilty pleas} [] YES [] NO

If you answered "yes" to any of the above questions, please provide the following information for each situation:

The date, place of the offense and charge: _____

The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea: _____

Any other information that you believe is pertinent to our full understanding of this matter:

Additional Information

Please provide on an additional sheet any additional Information you consider pertinent to your application for employment.

Personal References

Please list three (3) references who are over eighteen (18) years of age, have known you for more than two (2} years and can objectively comment on your abilities and/or interests in emergency medicine. These may include supervisors, teachers, friends, co-workers, GOVAC members, etc., but not relatives.

Name	Address	Phone	Relationship

Your Representations

Read the following statements carefully, as they represent matters of importance to both you and GOVAC in connection with your application for employment. Please initial after each statement.

I understand that:

- The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume or any other materials will be justification for refusal of employment or termination of employment-

(Initial) _____

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check or state driver's license check.

(Initial) _____

- I voluntarily authorize GOVAC to verify information related to my education, employment, security data, and I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless GOVAC, Its directors, officers, employees and volunteers.

(Initial) _____

- A medical assessment/exam, which may include a drug and alcohol screening, is required for employment. Failure to successfully complete the required assessment/exam may result in withdrawal of an offer of employment.

(Initial) _____

- In signing this application, I certify that I have read the attached information and apply for employment with GOVAC. I agree to comply with the Bylaws, and the Rules and Regulations of the Corps, which will be provided to me upon approval of my employment.

(Initial) _____

- GOVAC may terminate my employment at any time and for any reason, with or without cause, and I am free to terminate my employment in writing at any time for any reason (however, I will give adequate notice of termination so it does not jeopardize emergency care).

(Initial) _____

Signature of Applicant:

Date:

Printed Name: _____