



Application for Employment

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Street Address			Home Telephone Number: ()	
City	State	Zip	Alternate Telephone Number (Cell/pager/contact): ()	
List any other names used or aliases (e.g. Maiden Name):				
Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other:		If non-US citizen, are you eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives employed or volunteering for the Ogdensburg Volunteer Rescue Squad, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please list names and relation to you:		
Have you ever been convicted of or pleaded nolo contendere (no contest) to any crime*, or are you currently charged with any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Conviction of a crime is not an automatic bar to employment, each case is reviewed separately.</small>		If Yes, describe in detail, including date, location and circumstances, attach additional sheets if necessary:		
Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation, or voluntarily surrendered a health care licensure/certification in any state or to an agency authorizing your legal right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, describe in detail, including date, location and circumstances, attach additional sheets if necessary:		
POSITION INFORMATION				
Position Sought:		Date Available:		
PERSONAL REFERENCES				
Name of Personal Reference:		Address:		
Telephone Number:		City, State, Zip		
Name of Personal Reference:		Address:		
Telephone Number:		City, State, Zip		
Name of Personal Reference:		Address:		
Telephone Number:		City, State, Zip		

Applicant Name: _____

EMPLOYMENT HISTORY			
INCLUDE RELEVANT VOLUNTEER EXPERIENCE, START WITH MOST RECENT			
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name: _____

EMPLOYMENT HISTORY CONTINUED			
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Start Date	Termination Date	Position / Duties	
Employment Status (Full-Time, Part-Time, Volunteer, etc):	If not full-time, average hours per week:	Employer Name:	
Starting Salary:	Final Salary:	Employer Address	
Reason for Leaving:		City, State, Zip	
Name of Supervisor:		Supervisor's Telephone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Continue on Separate Page If Necessary

EMPLOYMENT TERMINATION	
<p>Have you ever been fired from a job, resigned after being told you would be fired, or left a job under unfavorable circumstances?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, describe in detail, including employer name and circumstances, attach additional sheets if necessary:</p>

Applicant Name: _____

EDUCATIONAL BACKGROUND

Type	Name of School	Address	Dates of Attendance	Major Subject	Degree/Diploma Received
High School/GED					
College or University or Technical School					
College or University or Technical School					
College or University or Technical School					
Other School					

EMS CERTIFICATIONS

Type	State or Agency Name	Type / Level	Certification / License Number	Expiration Date	Date of Original Certification
EMT / AEMT / Paramedic		<input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Critical Care <input type="checkbox"/> Paramedic			
CPR		<input type="checkbox"/> Provider <input type="checkbox"/> Instructor			
ACLS		<input type="checkbox"/> Provider <input type="checkbox"/> Instructor			
PALS		<input type="checkbox"/> Provider <input type="checkbox"/> Instructor			
PHTLS / BTLS		<input type="checkbox"/> Provider <input type="checkbox"/> Instructor			
Diving Certification					
Extrication Certification					
NYS Instructor Certification		<input type="checkbox"/> CIC <input type="checkbox"/> CLI			
Other Certifications					
Other Certifications					
Other Certifications					
Other Certifications					
Other Certifications					
Other Certifications					
Other Certifications					
Other Certifications					

Attach Copies of All Certifications

Applicant Name: _____

APPLICANT INFORMATION RELEASE

I hereby authorize the Ogdensburg Volunteer Rescue Squad, Inc., to conduct an investigation into my background, including employment, residence and educational history, my work habits and my character.

I hereby authorize any educational institution to release information regarding my academic achievements and educational history, including obtaining educational transcripts to the Ogdensburg Volunteer Rescue Squad, Inc.

I hereby authorize any certifying or licensing agency to release information regarding current certifications or licenses, disciplinary action or other relevant information to my practice or employment to the Ogdensburg Volunteer Rescue Squad, Inc.

I hereby authorize any former employer or volunteer agency to release information regarding my work dates, attendance, salary, work habits and performance to the Ogdensburg Volunteer Rescue Squad, Inc.

I hereby authorize the custodians of any records and sources of information pertaining to me to release such information upon request of the Ogdensburg Volunteer Rescue Squad, Inc., its employees, officers, members and/or assigns, including criminal justice (police) records. I understand that a criminal background check may be conducted, and that there is no invasion of privacy.

I hereby agree to hold harmless, and release from liability the Ogdensburg Volunteer Rescue Squad, Inc., its employees, members, officers, directors, and authorized agents, as well as any employer, governmental agency, volunteer agency, or other source of information as a result of gathering or releasing any information and conducting a background investigation about me.

Signature

Date:

APPLICANT CERTIFICATION

I hereby certify that the information contained in this application, and attached documents are true and correct to the best of my knowledge. I understand that any false statements, material omissions or misrepresentations are grounds for disqualification from employment, or disciplinary action after employment, including termination of employment.

I understand that employment with the Ogdensburg Volunteer Rescue Squad, Inc. is "at-will," unless an explicit written contract, signed by the President/Chief Executive Officer is executed. The employee handbook is not a contract, and no obligations exists as a result of the handbook

Signature

Date: