



Henrietta Volunteer Ambulance Service, Inc.

280 Calkins Road
Rochester, New York 14623
Business Phone: (585) 334-4190
Website: www.henriettaambulance.org

Employment Application

The Henrietta Volunteer Ambulance Service, Inc. (HVA) considers the following information to be "confidential". Only the HVA Career Personnel Committee and the Board of Directors review it. This application must be filled out completely and signed by the applicant.

Today's Date: _____

Your Name: _____

Address: _____

Home Telephone Number: _____

E-mail address: _____

- Are you 21 years old or older? Yes no Date of birth*: ____/____/____ (*optional information)
- Are you currently employed? Yes no

If you are employed, please provide the following information:

Employer: _____

Address: _____

Work Telephone Number: _____

- When are you generally available to work? (Select as many as appropriate)
 Day's Evenings Overnights Weekends
- What position(s) are you interested in obtaining at the Henrietta Volunteer Ambulance?
 (Select as many as appropriate):
 EMT Paramedic

Background:

- Can you perform the functions of our emergency medical service with or without reasonable accommodation?

I need no special accommodations

I need the following special accommodations:

- Were you ever a member or an employee of the HVA in the past? Yes no

• If so, when? _____

- Do you have any previous ambulance-related experience? Yes no

• If you have had previous ambulance experience, when and where did it occur?

- Please list any previous medical training that you have had at any time:

<i>Training</i>	<i>Trained where</i>	<i>Card Number</i>	<i>Expiration Date</i>
<input type="checkbox"/> CPR			
<input type="checkbox"/> First Aid			
<input type="checkbox"/> CFR			
<input type="checkbox"/> CFR-D			
<input type="checkbox"/> EMT (Basic)			
<input type="checkbox"/> EMT-D			
<input type="checkbox"/> A/EMT-I			
<input type="checkbox"/> A/EMT-3			
<input type="checkbox"/> A/EMT-4 (Paramedic)			

- Please detail any other medical training or experience that you have: _____

- Please detail any non-medical training or experience that may be relevant to the position that you are applying for, or may be an asset to the HVA:

- Have you ever been convicted of any crime in New York State or elsewhere?
(NOTE: Conviction of a crime does not automatically preclude you from HVA employment.)

Yes no if yes, please explain (use a separate sheet of paper, if appropriate):

- If you have been convicted of a misdemeanor or felony, have you obtained "clearance" from the NYS Dept. of Health to practice EMS*? Yes no

*(*Refer to NYS/DOH Policy # 96-03, please attach a copy of your clearance documentation)*

- Is it OK if we request a criminal background check on you? Yes no

Driving Record:

- Do you have a valid driver's license? Yes no

New York State Driver's License Number: _____

Or state of: _____ Driver's License Number: _____

When does your driver's license expire? _____

- Is it OK if we request a driver's license check on you? Yes no

Please list any moving violations that you have had in the past 18 months:

(Use a separate sheet of paper, if appropriate)

Date of violation:	Offense	Date of Conviction	Court & location

List any chargeable accidents that you have had in the past 3 years:

(Use a separate sheet of paper, if appropriate)

Date of accident:	Location of accident	Charges

Personal References:

Our rules require HVA to check references. It is your responsibility to inform HVA of any reference you would not like contacted unless a job offer may come from the HVA as a result of such a contact.

Henrietta Volunteer Ambulance suggests your references be from people who know you at least two (2) years. Select persons who will render a fair and unbiased opinion of you.

Reference Name	Relationship	# of years acquainted	Reference Address

I authorize HVA to check any and all references listed on my resume or reference sheet.

Signature:

This application must be filled out in its entirety and this statement must be signed and dated for your application to be considered by us:

If accepted as an employee of the HVA, I understand that I must abide by the rules and regulations of the Corporation or my employment may be terminated.

I also hereby certify that, to the best of my knowledge, all the information in this application is true and complete. I hereby give consent to the HVA and its representatives to verify this information by any means, including a criminal background check. I understand that if I am accepted for employment at the HVA and this information is subsequently found to be incomplete or inaccurate, I could be subject to disciplinary action and/or expulsion from the Corporation.

Signature: _____ Date: _____



Office Use Only:

Application received: _____ / ____ / ____

CPC review: _____ / ____ / ____

CPC interview conducted: _____ / ____ / ____

CPC recommendation to hire: _____ / ____ / ____

Board Meeting CPC recommendation: _____ / ____ / ____

2nd Board Meeting if necessary: _____ / ____ / ____

Acceptance or rejection letter sent: _____ / ____ / ____

_____ By whom.