



**EMPLOYMENT / VOLUNTEER APPLICATION**  
**BRIGHTON VOLUNTEER AMBULANCE, INC.**

1551 S. Winton Road  
Rochester, New York 14618  
Ph: 585-271-2718  
Email: [career@brightonambulance.org](mailto:career@brightonambulance.org)  
Email: [volunteer@brightonambulance.org](mailto:volunteer@brightonambulance.org)  
Website: [www.brightonambulance.org](http://www.brightonambulance.org)

Please type or print neatly the information on this application and submit your resume. If available.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

Hours Requested (please circle) Full Time Part Time Volunteer Hours Available: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? YES NO

Please list: \_\_\_\_\_

**POSITION INFORMATION**

Position(s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for this organization? YES NO

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**LICENSES & CERTIFICATION INFORMATION**

**(List only current certifications - originals will be required at time of orientation)**

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CPR          | <input type="checkbox"/> EMT / EMT-P  | <input type="checkbox"/> PALS         |
| <input type="checkbox"/> ACLS         | <input type="checkbox"/> ITLS         | <input type="checkbox"/> CEVO         |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ |

**Office Use Only:**

Application received: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Review: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Interview conducted: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Recommendation: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
BOD / Manager Approval: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Acceptance or rejection letter sent: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

By Whom \_\_\_\_\_

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Are you a U. S. Citizen?      YES      NO

Can you provide proof, if hired, that you are eligible to work in the U.S.?      YES      NO

Do you have a valid Driver's License?      YES      NO      Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL Expiration: \_\_\_\_\_

List all moving violations (convictions including DUI and DWI) and accidents and any suspensions or revocations of your license in the last three years: -

OFFENSE	DATE	OFFENSE	DATE

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor?      YES      NO

If yes, explain: \_\_\_\_\_

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: \_\_\_\_\_

**EDUCATION AND TRAINING**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

**PAST 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 |

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

\_\_\_\_\_

**EMPLOYMENT HISTORY**

**(List your last three employers or volunteer activities, starting with the most recent.)**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Wage: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Wage: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Wage: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE

**ACKNOWLEDGMENT AND AUTHORIZATION**

I have applied for employment/ membership with Brighton Volunteer Ambulance. Inc. As a part of the application process, I understand that Brighton Volunteer Ambulance will conduct a background and reference check which may include a review of public records, criminal history check and inquiries of my former employers and references which I have provided regarding my qualifications and suitability for employment/ membership, as well as verification of any information I have provided in this application. As part of this inquiry, I understand that Brighton Volunteer Ambulance will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases, the Federal Bureau of Investigation, and I hereby authorize such agencies to release any and all records and information about me to Brighton Volunteer Ambulance. I also understand that the application process includes both a Physical and Drug and Alcohol test, which may also be conducted at various times throughout my employment.

I hereby give my permission to any of my listed references to release to Brighton Volunteer Ambulance any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information.

I hereby authorize Brighton Volunteer Ambulance to conduct this background and reference check, as well as the Physical and Drug and Alcohol screen as part of the application process, and I release from liability Brighton Volunteer Ambulance and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing Brighton Volunteer Ambulance with any information concerning my qualification and suitability for employment or membership, including the former employers and personal references I have identified on the application.

I authorize Brighton Volunteer Ambulance to send a copy of this authorization to my listed references or anyone else contacted by the Company to provide information about me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name