



Application for Employment/Volunteering BRIGHTON VOLUNTEER AMBULANCE

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Are you at least 21 years old? ☐ YES ☐ NO

Position that you are applying for: _____
How did you hear about this position? _____

Interested in: ☐ FT Employment ☐ PT Employment ☐ Volunteering Date Available: _____
Availability: ☐ Days ☐ Evenings ☐ Overnights ☐ Weekends

Have you ever worked for this company? ☐ YES ☐ NO If yes, when? _____

Are you already a NYS EMT? ☐ YES ☐ NO
Will you be in the Rochester area for the next 2 years? ☐ YES ☐ NO
Are you able to lift 125 pounds on your own? ☐ YES ☐ NO
Are you currently enrolled in school? ☐ YES ☐ NO
Do you leave Rochester for summers or breaks? ☐ YES ☐ NO ☐ N/A

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: _____

License & Certification Information

☐ EMT / EMT-P ☐ BLS CPR ☐ ACLS ☐ PALS ☐ PEPP
☐ CEVO/EVOC ☐ ITLS ☐ PHTLS ☐ Other _____

Office Use Only

App Rcvd: _____	Recommendation _____
Reviewed: _____	BOD: _____
Contacted: _____	Contact/Letter: _____
Interview _____	Physical/Background Check _____

Notes: _____

Work Requirement & General Information

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the U.S? ☐ YES ☐ NO

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

Do you have a valid Drivers License? ☐ YES ☐ NO Class: _____

DL Issues by What State? _____ DL #: _____ DL Expiration Date: _____

List all moving violations (convictions including DUI & DWI) and accidents or any other suspensions or revocations of your license in the last 3 years:

Offense	Date	Offense	Date

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 & Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

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 violations 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 alcohol or drug related activity at work? ☐ YES ☐ NO

If you answered yes to any of the above questions, please explain:

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I have applied for employment or membership with Brighton Volunteer Ambulance. 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, a criminal history check and inquiries of my former employers. Also Brighton Volunteer Ambulance will check the references which I have provided regarding my qualifications and suitability of employment or membership as well as verification of any information I have provided in this application. I hereby give my permission to any of my list of references to release Brighton Volunteer Ambulance any information regarding my work and volunteer experience, including but not limited to performance of expected duties and disciplinary information. I release from liability Brighton Volunteer Ambulance and its representatives for seeking, gathering, and using 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.

As part of this inquiry, I understand that Brighton Volunteer Ambulance will obtain a report of criminal history information and drivers license history from applicable law enforcement agencies, or in some cases, The Federal Bureau of investigation. 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 as well as a lifting test if applicable to my job. This may also be conducted at various times throughout my employment. I hereby authorize Brighton Volunteer Ambulance to conduct this background and reference check as well as the physical and drug and alcohol screening as part of the application process.

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

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name: _____

Signature: _____ Date: _____