

# William Paul Faist Volunteer Ambulance Corps, Inc.

3 Red Schoolhouse Road  
Chestnut Ridge, New York 10977

*Serving the Community Since 1977*

## **EMPLOYMENT APPLICATION**

(MINIMUM REQUIREMENTS: at least 19 years old with at least one year's experience as an EMT Crew Chief/Driver)

Date of application: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

\*You do not have to provide this information at this time. However, when you become an employee, you will need to provide it for our insurance company.

**An answer of YES to questions #1-5 below requires an explanation on the back of this sheet, with dates.**

- 1) Have you had any motor vehicle accidents, moving violations, or points against your license in the past three (3) years? \_\_\_\_\_
2. Has your driver's license been suspended or revoked in the past five (5) years? \_\_\_\_\_
3. Do you have any felony or misdemeanor convictions? \_\_\_\_\_
4. Are there any charges pending against you in court? \_\_\_\_\_
5. Have you had any health, drug, alcohol, or mental problems within the past five (5) years? \_\_\_\_\_

NYS EMT #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ EMT since \_\_\_\_\_

CPR Exp. Date \_\_\_\_\_ Bloodborne Pathogens Exp. Date \_\_\_\_\_ HBV Vaccination Date \_\_\_\_\_

Have you completed a CEVO or EVOC course? If yes, date \_\_\_\_\_

*Note: You will be asked for copies of your certifications, driver's license, and proof of HBV vaccination/refusal at your interview or you may submit them with this application.*

Do you have any limitations, physical or other, that might impair your functioning as an employee of this Corps?  
\_\_\_\_\_ if YES please explain: \_\_\_\_\_

**NOTE: After becoming an employee of this Corps, you are required to notify us of any change in your health status.**

List current or past **employers** or volunteer agency **officers** for whom you have **functioned as an EMT/driver**. List the most recent first. Please list at least one who we can contact for a reference.

Company/Agency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do we have your authorization to contact this supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Company/Agency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do we have your authorization to contact this supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Company/Agency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do we have your authorization to contact this supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Please **print** the full names, addresses, city, and zip codes of four (4) references that know you for a minimum of one (1) year. They will be contacted and asked to complete a questionnaire about your character and emotional stability. Do NOT list relatives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY GIVE PERMISSION TO THE WILLIAM PAUL FAIST VOLUNTEER AMBULANCE CORPS TO CONDUCT SUCH INQUIRIES AS THEY DEEM NECESSARY TO VERIFY THE INFORMATION GIVEN IN THIS APPLICATION.

Any falsification of information on this application will void consideration of this application or possible expulsion from the Corps.

If accepted as an employee, I agree to abide by the rules and regulations that govern the Corps' employees.

**Agreed and accepted by:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

*NOTE:* the Hiring Committee and Captain will review this application. After your references are checked, you will be invited to attend an informal meeting with the Hiring Committee to inform you about our organization and to answer any questions you may have.

\*\*\*\*\*  
OFFICE USE ONLY

References mailed: Date: \_\_\_\_\_ by: \_\_\_\_\_

Reviewed by Hiring Committee: Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Federal Driver's Protection Act  
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (print name) \_\_\_\_\_ authorize the **William Paul Faist Volunteer Ambulance Corps, Inc.** to obtain my Motor Vehicle Record. I understand that this record may contain personal information\* in addition to any/all driver violations and/or accidents which may be on record through the (name of state) \_\_\_\_\_ State Department of Motor Vehicles.

\_\_\_\_\_  
Signature of Applicant

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address/City/State/ZIP

\_\_\_\_\_  
Mailing Address/City/State/ZIP

\_\_\_\_\_  
Date Signed: \_\_\_\_\_

\*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number.