



Application for Membership / Employment

NAVAC considers applications for membership/employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. NAVAC IS A DRUG-FREE, TOBACCO-FREE WORKPLACE.

PLEASE PRINT in Ink

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you at least 18 years of age? Yes No Date Available to Start: _____

How did you find out about NAVAC and this position? _____

Do you have any relatives or friends working/volunteering here? Yes No

Please list: _____

POSITION INFORMATION

Please indicate the type of position that you are applying for:

- Volunteer Please choose one: Ambulance Non-Operational Cadet
OR
 Compensated** Please choose one: Full Time Part Time

**Please note that compensated positions are for ambulance operations only.

Have you ever worked/volunteered for NAVAC before? Yes No

If so, date(s): _____ Prior position(s) here: _____

Reason(s) for leaving: _____

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if membership is granted or 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 #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or entered a plea of guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? Yes No

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever had an EMS, health or other governing agency take administrative action against your certification/licensure? If yes, explain: _____

I wish to become a Member or be employed by NAVAC because: _____

Besides my medical training, I can offer NAVAC the following skills and abilities: _____

Do you have any hobbies or special interests? _____

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: _____

EMPLOYMENT HISTORY

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

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (duties/responsibilities): _____

Employer's Telephone #: _____ May we contact: Yes No

Reason for leaving: _____

I. Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Job Description (duties/responsibilities): _____

Employer's Telephone #: _____ May we contact: Yes No
Reason for leaving: _____

Military:
Branch of Service: _____ Rank: _____
Duties: _____

Explain any gaps in employment: _____

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____
Years completed: _____
Did you graduate? Yes No Received your GED? Yes No

COLLEGE:

Name: _____ Address: _____
Years completed: _____
Did you graduate? Yes No If not, highest year completed: _____
Degree: _____ Major: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____
Years completed: _____
Did you graduate? Yes No If not, highest year completed: _____
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____
Years completed: _____
Did you graduate? Yes No If not, highest year completed: _____
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (not listed under prior employment): _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application: _____

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview, if not included with application)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
PSCIM			
EMT			
AEMT			
EMT-CC			
Paramedic			
PALS			
ACLS			
CDL			
Instructor Cards			
CIC			
CLI			
CME Evaluator (Region)			
Other: _____			
<input type="checkbox"/> ICS 100	<input type="checkbox"/> ICS 200	<input type="checkbox"/> ICS 346	<input type="checkbox"/> ICS 700

Please provide the following information for two (2) people who can attest to your qualifications and interest as an EMS provider: *reference forms attached*. Please mail or give to those listed below and have them mailed back to NAVAC Director of Membership.

Name: _____ Phone No. _____
Address: _____ Home Work Cell
City/State/Zip: _____

Name: _____ Phone No. _____
Address: _____ Home Work Cell
City/State/Zip: _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge of membership or employment if membership is offered or I am hired. I recognize that completion of this application does not mean that job openings exist and does not obligate North Area Volunteer Ambulance Corps, Inc. (NAVAC) in any way. Applications will remain active for six months, after which time re-application will be necessary. If I become a compensated Member, employment will be "at will" and either myself or NAVAC are free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for membership or employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of my membership or employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to membership or employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by NAVAC as a condition of my membership or employment, and I hereby give my consent to the release of all information which NAVAC deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from NAVAC.

I hereby authorize NAVAC to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership or employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release NAVAC and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my membership or employment with NAVAC may be terminated.

Applicant's Signature: _____ Date: _____
Printed Name: _____

Send completed application and copy of driver's license to:



NAVAC
Director of Membership
PO Box 215
North Syracuse, NY 13212-0215



603 North Main St. • PO Box 215
 North Syracuse, NY 13212-0215
 Telephone (315) 458 - 7514 • Fax (315) 458 - 3567

Personal Reference Form

_____ has applied for membership/employment in our organization and has given your name as a reference. You are being asked to complete and return this form to the following address:

NAVAC
 Director of Membership
 PO Box 215
 North Syracuse, NY 13212

How long have you known the applicant? _____

In what capacity do you know the applicant? Personal Business

Do you feel the applicant will be a responsible person to be involved in the community service that our organization provides? Yes No Please explain why you feel this way.

How do you rate this applicant's:

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Signature: _____

Date: _____

Name: _____

Address: _____

*Thank you for your time and assistance.
 You may be contacted by a member of our committee if additional information is needed.*



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How do you rate this applicant's:

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Signature: _____

Date: _____

Name: _____

Address: _____

*Thank you for your time and assistance.
 You may be contacted by a member of our committee if additional information is needed.*