

Poland, NY 13431 Phone: 315.826.3525 Fax: 315.826.5695 Email: kuyahooraambsup@ntcnet.com

Application for Employment

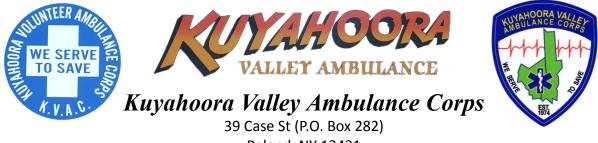
Kuyahoora Valley Ambulance Corps is an equal opportunity employer. This application will not be used for limitation or exclusion of any applicant from consideration for employment on a basis that is prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Chief of Operations at kuyahooraambchief@ntcnet.com.

Please fill out the application in its entirety:

Applicant Information:

Applicant Name:								
Home Address:								
City, State, Zip:								
Phone Number:				Ho	ome	Mobile	W	ork
E-Mail Address:								
Date of Application:								
Employment Information:								
Current Level of Care:	Driver	E٨	ΛT	AEMT	AEM	IT-CC	AEľ	MT-P
Other Options:				CC	EMT-F	P FP-C	CC	P-C
Preferred Employment Status:	Part T	ïme	Vo	unteer M	embe	r Junio	r Mer	mber
Preferred Start Date:								
Personal Information:								
Are you at least 18 years of age?						Ň	Yes	No
Do you have a reliable source of trans	sportation	?				١	ſes	No
Have you been previously employed	by Kuyaho	oora	?			•	Yes	No





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Do you have friends or relatives currently working at Kuyahoora?	Yes	No
If yes, state name and relationship:		

Are you a United States citizen or approved to work in the United States? Yes No State what document can you provide to verify proof of citizenship or legal status:

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, state the nature of crime, when and where convicted and disposition of case:

Note: No applicant will be denied employment strictly on the grounds of conviction of a criminal offense. The date of offense, the nature of offense, the relevance of the offense to the position applied for and the surrounding circumstances of the event may however be considered.

Job Skills and Qualifications:

List the skills and qualifications you possess for the position of this application:

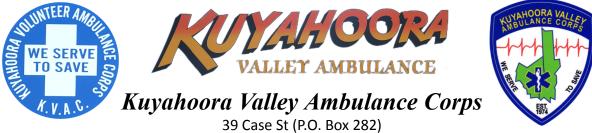
Other Certifications: List any other relevant EMS certifications you may have:



A 501(c)(3) Not-For-Profit charitable organization committed to providing life-saving services to our communities.

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Education and Military Experience:
High School
Name of School:
Location: (City, State)
Year Graduated:
Degree Earned:
College/University
Name of College:
Location: (City, State)
Year Graduated:
Degree Earned:
Military
Are you a member of the Armed Services? Yes No
In what branch of the military did you serve?
What was your military rank upon discharge?
How many years did you serve the military?
What military skills do you possess that would be an asset for this position?

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Previous Employment:	
Company Name:	·····
Job Title:	
Supervisor Name:	
Company Address:	
City, State, Zip:	
Company Phone:	
Employment Dates:	
Reason for Leaving:	
Company Name:	
Job Title:	
Supervisor Name:	
Company Address:	
City, State, Zip:	
Company Phone:	
Employment Dates:	
Reason for Leaving:	

Note: Kuyahoora may contact your previous employers.



Note: The relationship between you and the Kuyahoora Valley Ambulance Corps. Is referred to as "employment at will". This means your employment can be terminated at any time and for any reason, with or without cause, with or without notice, by you or the Kuyahoora Valley Ambulance Corps.

You should understand that your employment is "at will" and you acknowledge that no oral or written statements or representations regarding your employment can alter your "at will" employment status, except for a written statement signed by you, our Chief of Operations and Company President.

Applicant Signature: Date:

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