



Kuyahooraa Valley Ambulance Corps

39 Case St (P.O. Box 282)

Poland, NY 13431

Phone: 315.826.3525

Fax: 315.826.5695

Email: kuyahooraaambsup@ntcnet.com

Application for Employment

Kuyahooraa 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 kuyahooraaambchief@ntcnet.com.

Please fill out the application in its entirety:

Applicant Information:

Applicant Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____ Home Mobile Work

E-Mail Address: _____

Date of Application: _____

Employment Information:

Current Level of Care: Driver EMT AEMT AEMT-CC AEMT-P

Other Options: CCEMT-P FP-C CCP-C

Preferred Employment Status: Part Time Volunteer Member Junior Member

Preferred Start Date: _____

Personal Information:

Are you at least 18 years of age? Yes No

Do you have a reliable source of transportation? Yes No

Have you been previously employed by Kuyahooraa? Yes No





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Do you have friends or relatives currently working at Kuyahooraa? 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:





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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: Kuyahooraa may contact your previous employers.





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Please provide three professional references:

Name: _____

Job Title: _____

Phone Number: _____

Email: _____

Name: _____

Job Title: _____

Phone Number: _____

Email: _____

Name: _____

Job Title: _____

Phone Number: _____

Email: _____

Note: The relationship between you and the Kuyahooraa 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 Kuyahooraa 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: _____

