



# KUYAHOORA VALLEY AMBULANCE CORPS

39 Case Street

PO Box 282

Poland, NY 13431

Business Line (315) 826-3525 \* Fax Line (315) 826-5695



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE(home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU 18 OR OLDER? \_\_\_\_\_

WHAT IS YOUR NYS DRIVERS LICENSE # \_\_\_\_\_

DID YOU USE AN ASSUMED, NICKNAME OR MAIDEN NAME? what? \_\_\_\_\_

WHAT IS YOUR CURRENT NYS EMT NUMBER IF YOU HAVE ONE? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED OR A MEMBER IN GOOD STANDING WITH ANOTHER

EMERGENCY SERVICES AGENCY? \_\_\_\_\_ May we contact them? \_\_\_\_\_

ORGANIZATION NAME/ADDRESS \_\_\_\_\_

PREVIOUS EMS EXPERIENCE \_\_\_\_\_

APPLYING FOR : EMT \_\_\_ ASSISTANT \_\_\_ ASSOCIATE \_\_\_ (associate must be in good standing with home agency)

HAVE YOU BEEN CONVICTED OF A FELONY, MISDEMEANOR, INSURANCE FRAUD, ARSON OR A REDUCTION OF ONE OF THESE? Explain \_\_\_\_\_

LIST 3 PERSONAL REFERENCES KNOWN FOR 3+ YRS. DO NOT USE FAMILY OR KVAC MEMBERS.

Name \_\_\_\_\_ phone# \_\_\_\_\_

Name \_\_\_\_\_ phone# \_\_\_\_\_

Name \_\_\_\_\_ phone# \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

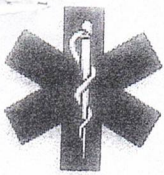
ALL INFORMATION CONTAINED/OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING. **PROCESSING TAKES ABOUT 60 DAYS**

THIS APPLICATION HAS BEEN SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ BY THE APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE ARE TRUE .

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PRIVACY NOTICE

Section 94 of the Public Officers Law requires that you be notified of the following facts when information is collected from you and maintained by KVAC's business office. The authority to request and confirm personal information on you is found in Article 6 of the Executive Law. The information obtained is used to determine your qualifications for the position applied for. It is maintained in your personal file (if you become a KVAC member) or in our resume file for 1 yr if you do not join. Failure to provide the information or authorization or perjury will result in your application being denied.



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## DISCLOSURE AND RELEASE

IN CONNECTION WITH MY APPLICATION FOR MEMBERSHIP/EMPLOYMENT (including contract services) WITH KVAC, I UNDERSTAND THAT CONSUMER REPORTS WHICH MAY CONTAIN PUBLIC RECORD INFORMATION MAY BE REQUESTED AND OBTAINED. THESE REPORTS MAY INCLUDE INFORMATION CONCERNING MY DRIVING RECORD. A BACKGROUND CHECK WILL ALSO BE DONE.

I HAVE THE RIGHT TO OBTAIN INFORMATION AS TO THE NAME, ADDRESS AND PHONE NUMBER OF ANY AGENCY PROVIDING SUCH INFORMATION AND FURTHER MAY REQUEST OF THAT AGENCY, WITH PROPER IDENTIFICATION, THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST, INCLUDING ALL SOURCES OF INFORMATION AS WELL AS THE RECEIPTS OF ANY REPORTS ON ME WHICH THE AGENCY HAS PREVIOUSLY FURNISHED WITHIN A 2 YEAR PERIOD PRECEDING MY REQUEST. THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR KVAC TO PROCURE MOTOR VEHICLE REPORTS AT ANY TIME DURING MY EMPLOYMENT/MEMBERSHIP OR CONTRACT PERIOD.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.**

NAME (print) \_\_\_\_\_

NAME(signed) \_\_\_\_\_

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_