**South Jefferson Rescue Squad, Inc.**

P.O. Box 126

Adams, NY 13605

(315) 232-2624

Website: southjeffersonrescue.org

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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

Mailing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of membership are you requesting? Active \_\_\_\_\_\_\_\_ Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least eighteen (18) years of age? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your present address? Years \_\_\_\_\_ Months \_\_\_\_\_

If less than two (2) years, please list your prior addresses for the last two years:

Address From To

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

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

Have you previously belonged to another fire department or ambulance service?

If so, provide name, address and years of service:

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

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Do you possess a valid driver’s license? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Below please list any medical training that you have completed:

Date License Expiration

Training Completed Number Date

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

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Yes No

Are you a citizen of the United States? \_\_\_\_ \_\_\_\_

If not, do you intend to become a citizen of the U.S? \_\_\_\_ \_\_\_\_

If no, have you the legal right to remain permanently in the U.S.? \_\_\_\_ \_\_\_\_

Do you intend to remain permanently in the U.S.? \_\_\_\_ \_\_\_\_

Employment Information:

Name Address Position Dates of Employment

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

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What is your highest grade/level of education completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What High School did you attend/graduate from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What College did you attend/graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted or plead to a criminal offense? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Provide offense convicted of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long ago was the conviction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a certificate of relief from disabilities been obtained? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Do you have any pending arrests? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Have you ever been convicted of a NYS Bureau EMS violation? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If so, what violation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been suspended, disciplined or permitted to resign in lieu of termination from any job/organization? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Have you ever been denied a license or certification for a business, trade or profession (e.g. certified public accountant, real estate broker, physician assistant, EMT or paramedic) or other certifying body or organization?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been suspended, censured, had restrictions on your ability to clinically practice, or otherwise reprimanded or disqualified as a member of an EMS profession, or another profession or as a holder of public office?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had a judgment against you in any civil or administrative proceeding, or any proceeding where you were disciplined or found guilty of fraud, deceit, misrepresentation, forgery or medical malpractice?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been excluded or are you currently excluded from participation in any federal or state health care program? Yes \_\_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details (date, time, facts involved, current status, which program(s), and state (if applicable):

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

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**SEX OFFENDER REGISTRY:**

EMS Agencies in New York State are required by law (Executive Law Section 837-S) to check applicants (who may be involved in the care or transportation of patients) personally identifying information against the Sex Offender Registry and make a determination of eligibility to become a member pursuant to Correction Law 23-A.

**JOB PERFORMANCE REQUIREMENTS:**

Please review the attached physical/mental job performance requirements. Are you able to perform all of the job performance requirements with or without a reasonable accommodation? After you are accepted, we will be required to evaluate whether the accommodation may be reasonably provided. Do **NOT** state whether or not you require accommodation at this point. YES \_\_\_\_\_ NO \_\_\_\_\_

List three (3) character references:

Name Address

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

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**SOUTH JEFFERSON RESCUE SQUAD, INC. (S.J.R.S.) IS AN EQUAL OPPORTUNITY NOT-FOR-PROFIT AMBULANCE SERVICE.**

Discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by law. Positions with S.J.R.S. are subject to all applicable laws.

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 denial of membership or revocation of membership if I become a member. I recognize that completion of this application does not mean that I will be accepted as a member and does not obligate S.J.R.S. to accept me as a member. If accepted for membership, I agree to abide by all rules, regulations and policies established by S.J.R.S. and its board of directors and other persons in charge.

I hereby authorize S.J.R.S. to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check and other such inquiries. I release S.J.R.S. and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify (within 24 hours) S.J.R.S. of any instance in which I am arrest or convicted of any felony or misdemeanor.

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 with S.J.R.S. may be revocated. I agree to immediately notify (within 24 hours) S.J.R.S. if I learn that I am being excluded from participation in any federal or state health care programs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Approval/Disapproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #96-53

Revision: G

Attachment: Essential Job Performance Requirements