

Richford Ambulance Service

RAS

Application for Membership

Richford Ambulance Service considers applications for membership without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

Social Security Number: ____-____-____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Do you have a current Vermont Driver's License? ____ VT DL# _____

Do you have any relatives or friends working for RAS? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever been employed by this service? _____

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

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMR			
EMT - Basic			
EMT - Advanced			
EVOC			
OTHER			

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Can you provide proof, if membership is granted, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO

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.

I wish to become a member or be employed by RAS because: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

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: _____

Have you ever been?

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from membership or employment.

EDUCATION AND TRAINING

HIGH SCHOOL or GED

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO Received your GED? YES NO

EMPLOYMENT HISTORY

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (duties / responsibilities): _____

Employer's Telephone #: _____ May we contact: YES NO

Reason for leaving: _____

II. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (duties / responsibilities): _____

Employer's Telephone #: _____ May we contact: YES NO

Reason for leaving: _____

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:

REFERENCES

List **two** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

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 if membership is offered. I recognize that completion of this application does not mean that openings exist and does not obligate Richford Ambulance Service (RAS) in any way. Applications will remain active for six months, after which time re-application will be necessary. If I become a member, service will be "at will" and either I or RAS is free to terminate the membership relationship at any time without cause and without prior notice. This application is not an agreement or a contract for membership.

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. 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 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 RAS as a condition of my membership, and I hereby give my consent to the release of all information which RAS 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 membership cancellation from RAS.

I hereby authorize RAS to investigate my employment history with former employers 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, and other such inquiries. I release RAS 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 with RAS may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____