

Marathon Area Volunteer Ambulance Corps, Inc.

MAVAC

PO Box 132, 2 Peck St.
Marathon, NY 13803-0132
(607) 849-6157
(607) 849-3263 fax

EMPLOYMENT APPLICATION FOR ALS PROVIDERS

MAVAC is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, marital or veteran status, disability or any other legally protected status.

Personal Information

Name: _____ Date: _____

Address: _____ Social Sec #: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Are you at least 21 years old? _____

General Information

Driver's License #: _____ State: _____ Class: _____

Is your driver's license valid? _____

Are you a U.S. citizen or do you have the legal right to work in the U.S.? _____

Have you been convicted of a moving violation in the past year? _____

Have you ever been convicted of DWI or had your license revoked or suspended? _____ If yes, explain:

Have you ever been convicted of a misdemeanor or a felony? _____ If yes, explain:

EMS Training/Certifications

NYS EMT #: _____ ALS Certification Level: EMT-Critical Care (EMT-3) or Paramedic

Please list all current professional EMS licenses, certifications, and registrations (including CPR, ACLS, PALS, etc.):

	Type	Registration #	State Issued	Year Began	Expir. Date
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____

Have you previously worked for, or been a member of, a combination volunteer/paid EMS ambulance organization? _____ If yes, where? _____

Has a disciplinary investigation or action ever been conducted concerning your professional activities as an EMS provider? _____ If yes, please explain:

Have any of your licenses, registrations or certifications pertaining to EMS ever been suspended, revoked or restricted? _____ If yes, please explain:

Have you ever been disciplined, fired, or placed on probation for any of the following: poor job performance, excessive absenteeism, insubordination, violating safety rules, fighting, patient mistreatment, alcohol/drug related activity at work? _____ If yes, please explain:

Please describe your general availability to work at MAVAC (be as specific as possible):

Please attach photocopies of your current driver's license and all EMS certification cards (including CPR, ACLS and PALS, etc.) to this application form.

Education and Training Background

High School: _____

Address: _____

Did you graduate? _____ Year: _____

If not, highest grade completed? _____ Have you received your GED? _____

College/University: _____

Address: _____

Years Completed: _____ Did you graduate? _____ Year: _____

Major: _____ Minor: _____

College/University: _____

Address: _____

Years Completed: _____ Did you graduate? _____ Year: _____

Major: _____ Minor: _____

Technical School or Other Training: _____

Address: _____

Years Completed: _____ Did you graduate? _____ Year: _____

Major/Program: _____

Employment/Volunteer EMS History

Please list your last three (3) employers or volunteer activities, starting with the most current. Include any military service as well. You may also attach a resume to this application to provide a more detailed employment history, but please complete the application form.

1) Employer Name and Address: _____

Start Date: _____ End Date: _____ Hours/Week Worked: _____

Salary/Hourly Wage: _____ Supervisor's Name/Phone #: _____

May we contact this individual? _____

Reason for leaving? _____

2) Employer Name and Address: _____

Start Date: _____ End Date: _____ Hours/Week Worked: _____

Salary/Hourly Wage: _____ Supervisor's Name/Phone #: _____

May we contact this individual? _____

Reason for leaving? _____

3) Employer Name and Address: _____

Start Date: _____ End Date: _____ Hours/Week Worked: _____

Salary/Hourly Wage: _____ Supervisor's Name/Phone #: _____

May we contact this individual? _____

Reason for leaving? _____

Please explain any gaps in your employment history:

Please list any other EMS or emergency services experiences that you have that may be relevant to your employment as an ALS provider with MAVAC:

References

Please provide the names and contact information for three (3) people, other than relatives, who have knowledge of your character and professional and educational experiences that we may contact for a reference:

	Name	Contact Info	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Applicant's Agreement

I hereby affirm that the information provided on this application (and on the accompanying resume and certification documents) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and, if employed, may be considered justification for dismissal. If discovered at a later date, employment with MAVAC may be terminated.

I understand that my employment with MAVAC depends on receiving favorable employment and personal references and passing MAVAC's pre-employment physical/psychiatric/drug screening exams. I also understand that my employment will be on a probationary basis in accordance with current MAVAC policies.

I hereby authorize MAVAC to make inquiry of my former employers or references as to my qualifications or other facts related to my previous employment. I understand that any information obtained is considered confidential, and I hereby release my former employers and/or my references from all liability for issuing such information.

Signature of applicant

Printed name of applicant

Date