

# Ontario Volunteer Emergency Squad

P.O. Box 444

Ontario, New York, 14519

(315)524-5751

Base located at: 6132 Furnace Road, Ontario NY, 14519

## APPLICATION FOR EMPLOYMENT

Ontario Volunteer Emergency Squad is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application and/or interview process, he or she should contact a company representative.

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

DATE AVAILABLE TO START: \_\_\_/\_\_\_/\_\_\_

### Applicant Information

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Street Address</b>				<b>Apartment #</b>	
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Primary Phone</b>			<b>Secondary Phone</b>		
<b>Email Address</b>					
<b>Are You able to work in the U.S.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Have you ever worked for this company?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No; If so, When?				
<b>Have you ever been known by a different name?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No; If so, What name?				
<b>Position Statuses seeking?</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem				
<b>Position Applying for?</b>	<input type="checkbox"/> EMT- Basic <input type="checkbox"/> EMT-Paramedic				
<b>If needed are you available to work overtime?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Do you have reliable transportation to and from work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Do you have a valid New York State Driver's License?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Driver's License Number</b>				<b>Issuing State</b>	
<b>Class</b>		<b>Expiration Date</b>		<b>Endorsements</b>	

Please Indicate Availability below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning 06-14</b>							
<b>Afternoons 14-22</b>							
<b>Nights 22-06</b>							

### Education

<b>High School</b>				<b>Address</b>		
<b>Did You graduate?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Degree</b>			<b>Graduation Year</b>
<b>College</b>				<b>Address</b>		
<b>Did You graduate?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Degree</b>			<b>Graduation Year</b>

Other		Address	
Did You graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Graduation Year
Other		Address	
Did You graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Graduation Year
<b>Military Service</b>			
<b>Branch</b>		<b>From</b>	<b>To</b>
<b>Rank at Discharge</b>		<b>Type of Discharge</b>	
<b>If other than honorable, explain</b>			
<b>Previous Employment:</b>			
Have you ever been terminated or discharged from a position, or asked to resign instead of being terminated. If so, please explain:			
<b>Company</b>		<b>Phone Number</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>		<b>Starting Salary</b>	<b>Ending Salary</b>
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company</b>		<b>Phone Number</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>		<b>Starting Salary</b>	
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Company</b>		<b>Phone Number</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>		<b>Starting Salary</b>	
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMS Certifications</b>			
Certification	Certification Number	Expiration	Certifying Agency/ State
EMT( <input type="checkbox"/> Basic / <input type="checkbox"/> Paramedic)			
CPR			
<input type="checkbox"/> PEPP/ <input type="checkbox"/> PALS			
ACLS			
GEMS			
<input type="checkbox"/> ITLS/ <input type="checkbox"/> PHTLS			
Blood Borne Pathogens			
Hazmat			
ICS			
ICS			

Others:			

Additional Skills:

**References**

Please list three professional references.

<b>Full Name</b>		<b>Relationship</b>	
<b>Company</b>		<b>Phone Number</b>	
<b>Full Name</b>		<b>Relationship</b>	
<b>Company</b>		<b>Phone Number</b>	
<b>Full Name</b>		<b>Relationship</b>	
<b>Company</b>		<b>Phone Number</b>	

**Disclaimer and Signature**

I certify that I have not withheld any information. I attest to the fact that the answers given by me are true, complete & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that neither this document nor any offer of employment from Ontario Volunteer Emergency Squad constitutes an employment contract unless a specific document to that effect is agreed to by the employer and employee in writing. I further understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Once your application is received a member of OVES will contact your references. We will also do a back ground check on your driver's license as well as a check to see if you are on any sex offender alerts per New York State laws.

**Signature**

**Date**