



<b>Position Applied For: (Circle one)</b>	
<b>Full Time Paid / Part Time Paid / Volunteer</b>	<b>Date Available:</b>

<b>Full Legal Name</b>	
<b>Mailing Address</b>	
<b>Email Address</b>	
<b>Home Telephone</b>	<b>Cell Phone</b>
<b>Are you over the age of 18?</b>	
<b>New York State Drivers License Number/DOB</b>	
<b>Record of Convictions Detail</b>	
<b>Have you ever been convicted of a crime? If so, provide detail and disposition</b>	
<b>Have you ever Volunteered or been employed here? Provide dates and details</b>	
<b>Have you filled an application out before? Provide Approximate Date</b>	
<b>List special certifications/training you possess</b>	
<b>List friends/relative that are/were employed here</b>	
<b>EMT Training.</b> <b>Provide details on course locations, instructors and dates attended</b>	

**Volunteer Service ( Fire/EMS/Etc)**  
**List current or prior affiliations**

**Job History**  
**Please account for any gaps in employment history**

<b>Employer</b>
Address/ Telephone
Supervisor
Dates of employment
Duties
Reason for leaving
<b>Employer</b>
Address/ Telephone
Supervisor
Dates of employment
Duties
Reason for leaving
<b>Employer</b>
Address/ Telephone
Supervisor
Dates of employment
Duties
Reason for leaving

**Personal References**

<b>Name</b>	<b>Telephone</b>
<b>Mailing Address</b>	

<b>Name</b>	<b>Telephone</b>
<b>Mailing Address</b>	

<b>Name</b>	<b>Telephone</b>
<b>Mailing Address</b>	

To process your application clear copies of the following items are required:

	Copy Attached
<b>Drivers License</b>	
<b>EMT Card</b>	
<b>CPR Card</b>	

**Disclosure and Release**

Please read carefully and indicate your understanding and acceptance by signing in the space provided

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I authorize any of the persons or organizations referenced in this application, including consumer reports, which may contain public record information such as that related to driving record to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from liability and damages which may result from furnishing such information to you.

Printed Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Divers License Number \_\_\_\_\_

State of License Issued \_\_\_\_\_

Please return this completed form, with required attachments to [ksylvester@somacambulance.org](mailto:ksylvester@somacambulance.org) or mail to:

**Kyle Sylvester  
Director of Operations  
SOMAC Ambulance  
P.O. Box 453  
Hamilton, New York 13346**