



**LE ROY AMBULANCE SERVICE, INC.**  
 1 Tountas Avenue – Box 56 Le Roy, New York 14482  
 www.leroyems.org

**EMPLOYMENT/MEMBERSHIP APPLICATION**

**PART I – PERSONAL DATA**

**NAME - FIRST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **LAST:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TEL #:** \_\_\_\_\_

**Do you have a High School Diploma**  Yes  No **College Diploma?**  Yes  No

**PART II – CRIMINAL & DRIVING HISTORY**

Do you have a valid New York State Drivers License?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please enter your drivers license number....	_____	Expiration date _____
Has your license to drive ever been revoked or suspended?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any moving violations in the last 36 months? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a crime?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you ever discharged from any employment for any reason other than lack of work?.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If you have answered yes to any of the above, please give an explanation in Part X & XI*  
 \*\*A Police Check and Motor Vehicle Driving Report will be conducted as part of the application process

**PART III – CURRENT CERTIFICATIONS**

ALS - Paramedic	[ ]yes	[ ]no	Expiration date _____
AEMT	[ ]yes	[ ]no	Expiration date _____
BLS – EMT-B	[ ]yes	[ ]no	Expiration date _____
CPR and/or FIRST AID	[ ]yes	[ ]no	Expiration date _____

**PART IV – POSITION APPLYING FOR:**

Base Officer [ ]	Medics Assistant [ ]
Driver [ ]	Explorer Medics Assistant [ ]
EMT/AEMT (Basic Life Support) [ ]	Explorer Base Officer [ ]
Paramedic (Advanced Life Support) [ ]	Explorer Junior Base Officer [ ]
Associate Board Member (elected position) [ ]	Associate (non-medical) [ ]

**PART V – PRESENT EMPLOYMENT STATUS**

Are you presently employed?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give employers name and address:		
May we contact your present employer for a reference?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PART VI - EDUCATION**

NAME OF SCHOOL	DATES	MAJOR/PROGRAM	DEGREE RECIEVED

**PLEASE NOTE:** If false information is submitted, this application will be rejected by the Board of Directors.

**PART VII – MEDICAL APPROVAL**

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Town/City \_\_\_\_\_ Zip \_\_\_\_\_

I have duly examined \_\_\_\_\_ for the purposes of his/her being accepted in the LeRoy Ambulance Service, Inc. and hereby state that it is my medical opinion that the applicant named above **is** [  ] **is not** [  ] (please check one) medically suitable and physically capable to serve in the LeRoy Ambulance Corp.

**Signed** \_\_\_\_\_ **M.D.**

**Applicant note: The Doctor’s Signature is required for this application prior to being accepted.**

## PART VIII – EMPLOYMENT HISTORY

EMPLOYER	DUTIES PERFORMED
1. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____ Dates: _____	
2. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____ Dates: _____	
3. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____ Dates: _____	

## PART IX – CHARACTER REFERENCES

(PLEASE DO NOT WRITE IN THIS COLUMN)

REFERENCE	COMMENTS
1. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____	
2. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____	
3. Name: _____ Street: _____ Town/City: _____ Telephone Number: _____	

**PLEASE NOTE:** If false information is submitted, this application will be rejected by the Board of Directors.

**PART X – CRIMINAL & DRIVING HISTORY (SECTION II)**

**Please list all Traffic/Criminal activity and accidents within the last 36 months and DWI/DWAI within the last ten (10) years below:**

DATE	OFFENSE/ACCIDENT	DISPOSITION

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**PART XI – ADDITIONAL INFORMATION**


## PART XII – MVR AUTHORIZATION

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### FEDERAL DRIVER PRIVACY PROTECTION ACT

#### AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I, \_\_\_\_\_ authorize LeRoy Ambulance Service, Inc. to obtain my Motor Vehicle Record from Tomkins Insurance Agency. I understand that this record may contain personal information including but not limited to child support payments and/or alimony payments as well as information on driver violations and accidents.

In addition to this initial request, as long as I am a volunteer or employee of the above stated firm, I further authorize any/all additional requests for my Motor Vehicle Record be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE & ZIP CODE)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(DATE OF BIRTH)

\_\_\_\_\_  
(DRIVERS LICENSE NUMBER)

\_\_\_\_\_  
(LICENSED STATE)

## PART XIII – AUTHORIZATION FOR RELEASE OF INFORMATION

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**LEROY AMBULANCE SERVICE, INC.**  
1 Tountas Avenue – Box 56 LeRoy, New York 14482  
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I, \_\_\_\_\_, authorize LeRoy Ambulance Service, Inc. to perform a background check including State Criminal Bureau and National Criminal File. I give LeRoy Ambulance Service, Inc. the right to secure additional information about me, if employment/membership related. I hereby release liability from LeRoy Ambulance Service, Inc. and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE & ZIP CODE)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(DATE)

## PART XV – NOTICE TO APPLICANT

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### LEROY AMBULANCE SERVICE, INC.

1 Tountas Avenue – Box 56 LeRoy, New York  
14482 info@leroyems.org

### NOTICE TO APPLICANT

**LEROY AMBULANCE IS A DRUG FREE WORKPLACE. ALL APPLICANTS & ACTIVE EMPLOYEES ARE SUBJECT TO SUBSTANCE ABUSE TESTING AS A CONDITION OF HIRING AND CONTINUED MEMBERSHIP. THIS IS FOR ALL SAFETY SENSITIVE EMPLOYEES COVERED UNDER THE FAA REGULATION 14 CFR PART 121, 135 AND 49 CFR PART 40.**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this employment/membership application and/or termination of employment/membership from LeRoy Ambulance Service, Inc. Furthermore, I understand that just as I am free to resign at any time, LeRoy Ambulance Service, Inc. reserves the right to terminate my employment/membership at any time, with or without cause and without prior notice.

I understand that as a condition of continuous employment/membership, I am subject to taking drug and alcohol tests, when given in accordance with company policy and procedures and that refusal to take drug and alcohol tests will be grounds for immediate termination of employment/membership.

I give LeRoy Ambulance Service, Inc. the right to investigate all references and to secure additional information about me, if employment/membership related. I hereby release liability from LeRoy Ambulance Service, Inc. and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

LeRoy Ambulance Service, Inc. is an equal opportunity employer. LeRoy Ambulance Service, Inc. does not discriminate in membership/employment and no question on this application is used for the purpose or limiting or excluding any applicant's consideration for employment/membership on a basis prohibited by local, state or federal law. All applicants will be considered for employment/membership equally, without regard to their race, color, sex, sexual orientation, religion, national origin, veteran status or disability as provided in the Americans with Disabilities Act.

This employment/membership application is current for only 90 days. After 90 days, if I have not heard from LeRoy Ambulance Service, Inc. and still wish to be considered for employment/membership, it will be necessary for me to fill out a new application. Receipt of this application does not imply that the applicant will be approved for employment/membership by the Board of Directors.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(PLEASE DO NOT WRITE ON THIS PAGE)

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**PART XV – SCREENING PROCESS**

**Date of Screening:** \_\_\_\_\_

<b>SCREENING MEMBER NAME</b>	<b>COMMENTS</b>

**BOARD MEMBER APPROVAL**

<b>BOARD MEMBER</b>	<b>BOARD MEMBER</b>	<b>BOARD MEMBER</b>

**NEW APPLICANTS PLEASE NOTE:**

Please bring the following, if you have them, to the Screening Committee meeting: Certifications in CPR, first aid or any other medical certifications, immunizations and drivers licenses.



## INFORMATION FOR THE APPLICANT

Thank-you for your anticipated participation with LeRoy Ambulance. Please keep this page detailing information about this application as well as a brief description of the application process.

### APPLICATION

Please be sure to give all the information that is requested. There will be state and federal background investigation and motor vehicle driving record checks required. We will need your written permission to do both (Part XII & XIII). **Omission of information will cause the Board of Directors to reject this application.** We have an obligation to the community and to our members to know that the information submitted is accurate and complete.

### NEXT STEPS

- 1) Medical approval can be done through your physician or one of ours. You can check with one of the Operations staff to find out which doctors are available.
- 2) Return the application to the ambulance base after Medical Approval has been completed and ask the on-duty member to give the application to the Director of Operations or Chief Paramedic.
- 3) The Motor Vehicle Record Check will be sent to the agent responsible as well as sending a copy of the application to state and federal criminal bureaus for their comments.
- 4) After the state and federal background and motor vehicle record checks have been completed, you will be asked to meet with the Screening Committee. This Committee will ask some basic questions and review your application. The Committee will then make a recommendation to the Board of Directors. It would be very helpful, but not necessary; to bring copies of any additional records and current certifications you may have to this meeting.
- 5) **The Board of Directors meet the second Tuesday of each month. Your application for membership will be voted on once each Board Member has reviewed the application as well as hearing the recommendation of the Screening Committee.**
- 6) Upon acceptance, you will be notified of such. If your application is not accepted, LeRoy Ambulance Service, Inc. holds the right not to inform the applicant as agreed upon in Part XV of this membership application.
- 7) The next step involves the Training Department. The appropriate training chairperson will contact you to start your training. The required certifications for Driver and Medic's Assistant are a minimum of standard first aid and CPR. EMT-D certifications are required for 2<sup>nd</sup> Medic and 1<sup>st</sup> Medic. If you currently don't meet these certifications, we will provide that training without cost to you.