

**Honeoye Falls – Mendon
Volunteer Ambulance Corps, Inc.**

Application for Membership
Revision C // 2008-07-31

**210 East St. / PO Box 335
Honeoye Falls, NY 14472
(585) 624-2200 / (585) 624-4775 (fax)**

Applicant Information	
Name	
Address	
City, State	
Zip Code	
Daytime Phone	()
Evening Phone	()
E-Mail Address	
Date of birth (Optional)	/ /
SSN	

Applicant Citizenship	
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no", what country are you from?	
If "no", are you authorized to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your INS green card number?	

Employment Information	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Position/Job	
Employer phone no.	()
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Availability	
What times are you generally available to volunteer?	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends

[illegible]

Certifications		
Please indicate which (if any) certifications you hold at the time of application.		
Level	Card Number	Expiration Date
<input type="checkbox"/> CPR	<input type="checkbox"/> AHA <input type="checkbox"/> ARC <input type="checkbox"/> Other	
<input type="checkbox"/> NY CFR		
<input type="checkbox"/> NY EMT-B		
<input type="checkbox"/> NY EMT-I		
<input type="checkbox"/> NY EMT-CC		
<input type="checkbox"/> NY EMT-P		

**Please list additional or out-of-state
medical training you have received**

Please list additional relevant non-medical training you have received

Applicant History Information

Have you ever been a member of HFMVA? ☐ Yes ☐ No

If yes, When?

If you have any previous ambulance/EMS experience, please summarize it below:

Applicant Background Information

Have you ever been convicted of any crime in New York State or elsewhere? ☐ Yes ☐ No

If you have been convicted of a misdemeanor or felony, have you obtained clearance from NYS-DOH to practice EMS? (See NYS-DOH Bureau of EMS Policy 02-02, and attach a copy of your documentation) ☐ Yes ☐ No

The Village of Honeoye Falls and HFMVA will conduct a Drivers license and criminal background check, and fair credit reporting act consistent with state and federal law.

Driver Information

Do you intend to drive any HFMVA vehicle? ☐ Yes ☐ No

If "no", right-hand portion of this page may be skipped

Drivers License Information

Do you have a valid driver's License ☐ Yes ☐ No

State of license issue

License number

License expiration date

License class

Moving Violations

Have you been convicted of a moving violation in the last 18 months? ☐ Yes ☐ No

Please list moving violation convictions below:

Date of violation	Offense

Accidents

Have you been involved in any chargeable accidents in the last 18 months? ☐ Yes ☐ No

Please list chargeable accidents below:

Date of violation	Description of accident

Reference

Please provide a current agency sponsor, or a character reference that we may contact.

Member Name	Initials
Reference Name	Phone Number

Signature

By my signature below, I attest that all information provided by me on this application is true and complete. I understand that any misrepresentation made herein could subject me to disciplinary action and/or removal from agency membership.

I understand that if accepted into membership at HFMVA, I must abide by the rules and regulations of the corporation, as well as any verbal instructions that are given in accordance with the rules and regulations of the corporation.

I consent to a criminal background check as well as a driver's license history check that will be conducted by the Village of Honoeye Falls and HFMVA. The HFMVA operations officers will hold results of the preceding in strictest confidence.

Signature:

Date:

How did you hear about volunteering at HFMVA? If you learned about us through our recruitment brochure, where did you pick it up?

Information for Applicants

Your completed application can be submitted by mail at the address above, or in person at the HFMVA base. After receiving your application, HFMVA will:

- Check your application for completeness, and contact you by telephone to correct any problems.
- Schedule an interview with you – the HFMVA officers must interview you before your application is presented to the membership for a vote.
- Submit your application to the membership for a vote at the next monthly membership meeting. Monthly membership meetings are held on the 3rd Wednesday of each month.
- Please read, fill out and sign the Addendum to Employment Application

You are welcome and encouraged to attend the Monthly Membership Meeting during which the membership votes on your application. Attending these meetings is a great way to meet other HFMVA members. If your membership is approved, your facility access code can be assigned immediately, and an orientation can be scheduled.

We look forward to receiving your application, and welcoming you into membership at HFMVA!

For office use only: (please initial where indicated)

Chief Approval →

Village Approval →

VILLAGE OF HONEOYE FALLS
(Referred to herein as Employer)
ADDENDUM TO EMPLOYMENT APPLICATION

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER (S) ☐ Yes ☐ No
MY PAST EMPLOYERS ☐ Yes ☐ No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. The information will only be available to those participating in the decision or those who process employment applications. As part of the investigation, a check of original records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplied to us in the investigation for its own business purpose. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requested authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand the Village of Honeoye Falls has a policy requiring a Drug and Alcohol Free Work Environment. I understand that to complete my application for employment, I must provide the Village with the results of a drug test advising that I am drug and alcohol free. I agree to provide the Village with results of a drug test in order to complete my employment application. I agree to sign all authorizations and releases required to have the results of the drug test released to the Village. I understand if I am hired that a condition of my continuing employment, under certain conditions, will be to provide to the Village the results of a drug test and if I refuse it may be grounds for termination of employment.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tasks and production of all documents

necessary for the employer to verify my identity and work authorization in accordance with the recruitments of the immigration and Naturalization services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and maybe made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at will employment agreement will not be valid unless in writing signed by me and duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION
AND AGREEMENT STATEMENTS.**

Signature of Applicant

Date

**PLEASE RETURN THIS "AUTHORIZATION AND AGREEMENT" WITH
YOUR APPLICATION**

VILLAGE OF HONEOYE FALLS
(Referred to herein as Employer)
ADDENDUM TO EMPLOYMENT APPLICATION

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All applicants for Employment (Please Read Carefully before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)

Signature

Date Signed

Notice

EMS agencies in NYS are required by law (Executive Law, Section 837-s) to check an applicant's (who may be involved in the care or transportation of patients) personal identifying information against the Sex Offender Registry and make a determination of eligibility to become a member/employee pursuant to Correction Law Article 23-A.

