

**Gates Volunteer Ambulance Service, Inc.**  
**Application for Membership / Employment**

Gates Volunteer Ambulance Service, Inc. considers applications for membership / employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Gates Volunteer Ambulance Service, Inc. IS A DRUG-FREE WORKPLACE

PLEASE PRINT

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

How did you find out about Gates Ambulance and this position? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list: \_\_\_\_\_

**POSITION INFORMATION**

Please Circle type of position that you are applying for:

Volunteer Position                  Employee Full Time                  Employee Part Time

Position(s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**CERTIFICATION INFORMATION**  
(List only current certifications - photocopies required at interview)

| Certification | Certification Number | Expiration Date | Certifying Agency |
|---------------|----------------------|-----------------|-------------------|
| CPR           |                      |                 |                   |
| RTE           |                      |                 |                   |
| EMT – Basic   |                      |                 |                   |
| EMT - I       |                      |                 |                   |
| EMT – CC      |                      |                 |                   |
| EMT - P       |                      |                 |                   |
| PALS          |                      |                 |                   |
| ACLS          |                      |                 |                   |
| ITLS          |                      |                 |                   |
| PEPP          |                      |                 |                   |
| CDL           |                      |                 |                   |
| Other: _____  |                      |                 |                   |

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if membership is granted or if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, or entered a plea of guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

I wish to become a member or be employed by GVAS because: \_\_\_\_\_  
\_\_\_\_\_

Besides my medical training, I can offer GVAS the following skills and abilities: \_\_\_\_\_  
\_\_\_\_\_

Do you have any hobbies or special interests? \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your last two employers or volunteer activities, starting with the most recent.)

**NOTE: This section required to be completed for applicants seeking employment only!**

I. Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (duties / responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact: YES NO

Reason for leaving: \_\_\_\_\_

II. Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (duties / responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact: YES NO

Reason for leaving: \_\_\_\_\_

**MILITARY:**

| BRANCH OF SERVICE | DATE BEGAN | DATE ENDED | RANK & DUTIES | DATE DISCHARGED | LOCATION |
|-------------------|------------|------------|---------------|-----------------|----------|
|                   |            |            |               |                 |          |

Explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been?

- Disciplined or terminated for reckless driving? YES NO
- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: \_\_\_\_\_

\_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from membership or employment.*

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

Received your GED? YES NO

**COLLEGE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

**OTHER SCHOOL/TRAINING:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:** \_\_\_\_\_

\_\_\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (not listed under prior employment):**

\_\_\_\_\_

\_\_\_\_\_

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

List **two** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

List **two** personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge of membership or employment if membership is offered or I am hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Gates Volunteer Ambulance Service, Inc. (GVAS) in any way. Applications will remain active for six months, after which time re-application will be necessary. If I become a member or if hired whichever is applicable that, employment will be "at will" and either I or GVAS is free to terminate the membership or employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for membership or employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of my membership or employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to membership or employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by GVAS as a condition of my membership or employment, and I hereby give my consent to the release of all information which GVAS deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from GVAS.

I hereby authorize GVAS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for membership or employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release GVAS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my membership or employment with GVAS may be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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