



# Gates Volunteer Ambulance Service, Inc.

1001 Elmgrove Rd  
Rochester, NY 14624  
Telephone (585) 247 - 5519

---

## Application for Membership/Employment

GVAS 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. GVAS IS A DRUG-FREE WORKPLACE.

PLEASE PRINT in Ink

### PERSONAL INFORMATION

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

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Do you have any relatives or friends working/volunteering here?  Yes  No

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

### POSITION INFORMATION

Please indicate the type of position that you are applying for:

Volunteer

OR

Compensated\* Please choose one:  Full Time  Part Time

\*Please note that compensated positions are for ambulance operations only.

Position(s) applying for: \_\_\_\_\_

Have you ever worked/volunteered for GVAS before?  Yes  No

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

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

**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 #: \_\_\_\_\_

Have you ever had an EMS, health or other governing agency take administrative action against your certification/licensure? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

I wish to become a Member/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? \_\_\_\_\_  
\_\_\_\_\_

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 (REQUIRED FOR APPLICANTS SEEKING EMPLOYMENT ONLY)**

Or, attach a resume that lists your last two employers or volunteer activities, starting with the most recent.

I. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_                      Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_                      End Date: \_\_\_\_\_  
Job Description (duties/responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_                      May we contact:     Yes     No  
Reason for leaving: \_\_\_\_\_

II. Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_                      Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_                      End Date: \_\_\_\_\_  
Job Description (duties/responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_                      May we contact:     Yes     No  
Reason for leaving: \_\_\_\_\_

Military:  
Branch of Service: \_\_\_\_\_                      Rank: \_\_\_\_\_  
Duties: \_\_\_\_\_

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

**EDUCATION AND TRAINING**

Or, attach a resume that lists your education history.

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

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: \_\_\_\_\_

**CERTIFICATION INFORMATION**

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency	
CPR				
RTE				
EMT-B				
EMT-P				
CC EMT-P				
ITLS				
PALS				
ACLS				
CDL				
Instructor Cards				
CIC				
CLI				
PEPP				
Other: _____				
<input type="checkbox"/> ICS 100	<input type="checkbox"/> ICS 200	<input type="checkbox"/> ICS 300	<input type="checkbox"/> ICS 700	<input type="checkbox"/> OTHER ICS

Please provide the following information for two (2) people, other than relatives, who can attest to your qualifications and interest as an EMS provider.

*Reference forms are attached.* Please mail or give to those listed below and have them mailed back to GVAS Chief of Operations.

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Work  Cell  
 City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Work  Cell  
 City/State/Zip: \_\_\_\_\_

**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 compensated Member, employment will be "at will" and either myself or GVAS are free to terminate the 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: \_\_\_\_\_

Send completed application and copy of driver's license to:



**GVAS**  
*Attn: Chief Geffert*  
*1001 Elmgrove Rd*  
*Rochester, NY 14624*



*Gates Volunteer Ambulance Service, Inc.*  
 1001 Elmgrove Rd  
 Rochester, NY 14624  
 Telephone (585) 247 - 5519

**Personal Reference Form**

\_\_\_\_\_ has applied for membership/employment in our organization and has given your name as a reference. You are being asked to complete and return this form to the following address:

GVAS  
 Chief Geffert  
 1001 Elmgrove Rd  
 Rochester, NY 14624

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant?  Personal  Business

Do you feel the applicant will be a responsible person to be involved in the community service that our organization provides?  Yes  No Please explain why you feel this way.

\_\_\_\_\_  
 \_\_\_\_\_

How do you rate this applicant's:

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

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

*Thank you for your time and assistance.  
 You may be contacted by a member of our committee if additional information is needed.*



*Gates Volunteer Ambulance Service, Inc.*  
 1001 Elmgrove Rd  
 Rochester, NY 14624  
 Telephone (585) 247 - 5519

**Personal Reference Form**

\_\_\_\_\_ has applied for membership/employment in our organization and has given your name as a reference. You are being asked to complete and return this form to the following address:

GVAS  
 Chief Geffert  
 1001 Elmgrove Rd  
 Rochester, NY 14624

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant?  Personal  Business

Do you feel the applicant will be a responsible person to be involved in the community service that our organization provides?  Yes  No Please explain why you feel this way.

\_\_\_\_\_  
 \_\_\_\_\_

How do you rate this applicant's:

	Excellent	Good	Average	Poor		Excellent	Good	Average	Poor
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

*Thank you for your time and assistance.  
 You may be contacted by a member of our committee if additional information is needed.*