Lake Placid Volunteer Ambulance Service
Application for employment

Name _____ SS # _____
Last First

Home Address _____

Telephone _____ Alternate phone _____

In case of emergency contact _____

Position desired Full time ☐ Part time ☐ Per Diem ☐

AEMT-CC ☐ AEMT-P ☐ Driver ☐

Salary Desired $ _____ /year

Available start date _____

Shifts available Days Nights Weekends Holidays

Are you currently employed? If so may we contact your current employer?
Have you applied at LPVAS before? If so, when?

Drivers license # _____ State _____ Class _____

NYS EMT # _____ NYS EMT Expiration date _____

Please list all other current certifications and expiration dates

_____
_____
_____
_____
_____

Other volunteer activities, certifications, awards, recognition

_____
_____
_____
_____
_____

Have you ever been convicted of a felony or misdemeanor? Yes No

*You will not be denied employment solely because of a conviction record unless the offence is related to the job for which you have applied

Education and Licensees

	Name and location of school	Years attended	Graduated Y/N	Degree
High School				
College				
Trade or business				
Military				

Employment History

Date month & year	Name and address of employer	Salary	Position	Reason for leaving

References (list 3 people, not related to you whom have known you at least one year)

Name Address Phone

1_____

2_____

3_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing the same to you.

I understand and agree that if hired, my employment is for no definite period and may regardless of date of payment of my wages and salary be terminated at any time without prior notice"

Signature _____ Date _____

Lake Placid Volunteer Ambulance Service Inc.
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