

Application for Employment With
 Saranac Lake Volunteer Rescue Squad Inc.
 Saranac Lake, NY 12983
slrs@centralny.twcbc.com

Name: _____
 Last First M.

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

List current certifications and expiration dates below:

The position you are applying for requires that
 You are 21 years old.
 Are you at least 21? Yes ___ No ___

State your actual legal residence and indicate how long you have
 resided there continually, up to and including the date of this
 application.

City, Village or Town: _____ Years/Months _____
 County: _____ State: _____

City, Village or Town: _____ Years/Months _____
 County: _____ State: _____

Are you currently a member of any other EMS or Fire Agency. If
 yes, list name, address, phone and contact person below.

The New York State Human Rights Law prohibits discrimination in
 employment because of age, race, creed, color, national origin, sex,
 disability or marital status. Accordingly nothing in this application
 form should be viewed as expressing directly or indirectly, any
 limitation, specification or discrimination to age, race, creed, color,
 national origin, sex, disability, or marital status in connection with
 employment by the SLRS.

This affirmation must be completed:

I affirm that the statements made on this application (including any
 attached papers) are true under penalty of perjury.

 Signature of applicant

 Date

Indicate any other surname (last name) by which you are or have
 been known. _____

A satisfactory Physical Exam will be required upon offer of
 employment; and must be obtained prior to starting.

Be advised a background investigation will be conducted on all
 perspective applicants.

Check appropriate box at the right of each question	Yes	No
A. Were you ever discharged from any employment for reasons other than lack of work or funds?		
B. Did you ever resign from any employment rather than face dismissal?		
C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?		
D. Have you ever been convicted of any crime (felony or misdemeanor)?		
E. Are you under charges for any crime?		
F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges?		

If you answered yes to any of the questions A-F above, you must give specifics on an additional sheet which will be kept confidential. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?
 Yes ___ No ___

Education: If more space is required add additional sheets.

Name of School and location	Dates of attendance from to	# of years completed	Did you graduate	Type of course or major subjects	# of college credits	Degree reached	Date of degree
High School							
Equivalency							
College							
Technical School							
Other education							

Drivers License: ID # _____, Class _____, Expiration Date: _____

Medical Training currently held: AEMT-P _____, AEMT-CC _____, AEMT-I _____, EMT _____ **Submit a copy for verification!**

I am applying for Full Time Position _____, Per Diem Position _____, Either _____

Experience: Begin with your most recent employment and work backward consecutively to our first job. Describe under the headings below any employment or occupation you have ever had which indicates experience that tends to qualify you for the position sought, and as far as possible, every other employment, including your service. Applicants may be required to furnish satisfactory proof of experience claimed. If more room is needed for work experience, Please attach additional sheets. When showing dates MUST use Month/Day/Year.

Firm Name: _____ Telephone Number: _____
 Address: _____ City, State, Zip: _____
 Employed From: ___/___/___ To: ___/___/___ Job Title: _____ Earnings: \$ _____ Per week/month/year (circle one)
 Supervisor's Name and Title: _____ Hrs. worked/week (exclusive of overtime): _____
 Reason for Leaving: _____
 Job Duties: _____

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 Address: _____ City, State, Zip: _____
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 Job Duties: _____

APPLICATION FOR EMPLOYMENT WITH

Saranac Lake Rescue Squad Inc.

P.O. Box 431

Saranac Lake, NY 12983

Applicant's Authorization for Release of Information

In order to confirm the information, I supplied on my application for membership with the Saranac Lake Rescue Squad Inc., I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employees, and the military services to disclose their relevant records about me to the Saranac Lake Rescue Squad Inc. whether the information be of public, private or confidential nature: and release them from any liability and responsibility for doing so.

This authorization, in original or copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmation of my credentials.

Applicant's Name (please print) Applicant's signature Date

Notarized by: (please print) NOTARIZED SIGNATURE Date
