



Southbury Ambulance Association, Inc.
Application for VOLUNTEER Staff Position



Name _____ SS# _____ - _____ - _____ D.O.B. _____

Address _____ Town _____ Zip _____

Nickname _____

Home Phone () _____ Cell Phone () _____ Email _____

Drivers license # _____ State _____ Type _____ Expiration Date _____

Please list any moving violations or chargeable motor vehicle accidents in the past five year's

Has your license ever been suspended or revoked: () Yes () No _____

Any restrictions, please list them here _____

Employer _____ Phone () _____

Address _____

If necessary, would you be able to leave your job for ambulance duty?

_____ Yes _____ No _____ in Emergencies Only

List any medical training you have had to date:

CPR Cert Type _____ Expiration Date _____

EMT Cert # _____ Expiration Date _____

EMR Cert # _____ Expiration Date _____

Would you be willing to take an EMR or EMT course? _____ Yes _____ No

Education: High School _____ College _____ Other _____

Are you fluent in any languages besides English? Yes () No () List: _____

Do you suffer from any physical impairment? Yes () No () List: _____

Please list two non-business references other than family:

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Do you know any Southbury Ambulance Association, Inc. (SAA) Staff? ____ Yes ____ No
If yes, please list name _____

By signing here, I authorize Southbury Ambulance Association, Inc. to contact my employer and references listed above. _____

Signature

Date

Available for: ____ Day Crew (6a-6p) ____ Night Crew (6p-6a) ____ Weekdays (9a-5p)
Preferred Days/Nights/Hours (i.e.: Monday 12p-6p or Saturday 6p-a) _____

Are you willing to take a drug test? ____ Yes ____ No

Have you ever been convicted of a DUI or DWI? ____ Yes ____ No

If yes, please explain: _____

All information in this application is confidential and used for SAA, Inc. Staff position purposes only. A criminal records check and motor vehicle check are required. You will be requested to have a routine physical exam at no expense to the applicant. Upon passing the physical examination, an orientation will follow.

I hereby make application for a Staff position in SAA, Inc. If accepted, I agree to abide by all rules and regulations of the Association, and attend training sessions as per SAA, Inc. Policy. Upon leaving SAA, Inc. for any reason, all property belonging to SAA, Inc. will be returned within five (5) days, in good working and physical condition. Failure to return these items will result in full legal action against me, as permitted by law. I will be responsible for, but not limited to: full replacement cost of all items and associated costs. I certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge.

Signed _____ Date _____

If under 18 years of age: I _____, parent/legal guardian of the above applicant, give my consent for the applicant to join Southbury Ambulance Association, Inc.

Parent/Legal Guardian Signature

Date

Return this completed form to: Southbury Ambulance Association, Inc.
68 Georges Hill Road
Southbury, CT 06488
Attn: Recruiting & Retention

Or fax to 203 262 8082 or email to info@southburyambulance.org

Office Use Only

Physician's Statement Received: _____

Police Record Release Received: DMV _____ Criminal _____

Date Interviewed _____

Status: ____ Observer ____ MRT ____ EMT ____ Administrative

Buddy Assignment _____ Date _____

Signed _____ Date _____

Comments: _____

SOUTHBURY AMBULANCE ASSOCIATION, INC.

Notice to Applicants Regarding Consumer Reports

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued staffing with Southbury Ambulance Association, Inc. (SAA). **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your staffing with SAA.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law. This background check also includes social media sites.

Print your name

Signature

Date

The following is for identification purposes only to perform the background check:

Birth date

other names (maiden)

Parent/Legal Guardian Signature

Date