

Town of Coxsackie  
Ambulance Service  
16 Reed St., PO Box 135  
Coxsackie, NY 12051-0135

Application

**Position Applying for:**

Driver Only: \_\_\_ Volunteer/No Medical Training: \_\_\_  
First Responder: \_\_\_ Volunteer EMT: \_\_\_ Career EMT: \_\_\_  
Explorer Post: \_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Occupation:** \_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Time Worked At Present Job: \_\_\_\_\_

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**Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_  
**Years Driving:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Drivers must submit a copy of their license**

Have you had any Motor Vehicle collisions, moving violations or points against your license within the past 3 years? (Our insurance company will obtain a driver abstract from the DMV) Yes: \_\_\_ No: \_\_\_

Has your driver's license been suspended or revoked within the past 5 years? Yes: \_\_\_ No: \_\_\_

If yes to any questions, please explain:

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

**Legal**

Have you ever been convicted of a felony? Yes: \_\_\_ No: \_\_\_

Are there any charges currently pending against you in court? Yes: \_\_\_ No: \_\_\_  
Have you ever been dismissed or suspended from any organizations? Yes: \_\_\_ No: \_\_\_  
Are you a legal US Citizen: Yes: \_\_\_ No: \_\_\_ If No, please explain: \_\_\_\_\_

\_\_\_\_\_

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**Experience:** Please list all EMS or related experience you may have.

Agency(ies): (Please include dates active & contact name and phone numbers)

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

Present Medical Certifications & Expiration dates: (You must provide copies of all cards for certification in CPR, First Responder, EMT, etc.)

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

Past Medical Certifications:

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

Other Present certifications: (EVOC, Instructor, CLI, etc.)

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

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**Education:** Please check the highest level of education attained:

Grade School: \_\_\_ High School: \_\_\_ GED: \_\_\_ College 2 year: \_\_\_  
College 4 year: \_\_\_ Masters: \_\_\_ Doctorate: \_\_\_

Please list any information you would like about your education:

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

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**Physical:**

Do you have any limitations, physical or other, that might impair your functioning in performing EMS duties? Yes: \_\_\_ No: \_\_\_

If Yes, please explain:

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

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**References:** Please list three personal references of people you have known for at least one year. They maybe contacted about your character, fitness & emotional stability to provide EMS care. Please do not list relatives.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

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**Application Agreement:**

In completing this application for membership/employment, I certify that the information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the Town of Coxsackie as a member or employee. I also understand that I am required to abide by all rules, regulations & policies of the Town of Coxsackie Ambulance Service. I agree that the Town of Coxsackie shall not be liable in any respect if my volunteer membership or employment is terminated because of the falsity of statements made by me on this application.

I authorize a background check and/or investigation of all statements contained in this application as may be necessary for arriving at a(n) membership/employment decision. I understand that information concerning my past record may be sought from any employer and/or organization that I have volunteered with and I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. I understand that such information provided shall become the exclusive property of the Town of Coxsackie.

I understand and acknowledge that, unless otherwise defined by applicable law, any membership/employment with the Town of Coxsackie is of an "at will" nature, which means that I may resign at any time and the Town of Coxsackie may discharge me at any time with or without cause. I further understand that this "at will" relationship may not be changed unless specifically agreed to in writing by the Supervisor of the Town of Coxsackie.

This certifies that this application was completed accurately and honestly by me.

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

If under 18 and applying for Explorer Post you must have a parent or legal guardian sign for you. I, \_\_\_\_\_ give permission for \_\_\_\_\_ to  
(parent name)

become a member of the Town of Coxsackie Ambulance Service Explorer Post.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

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

<b>Town Use Only</b>			
Application Received Date: _____			
Reviewed by: _____		Date: _____	
Accepted: _____	Position: _____	Rejected: _____	Date: _____
Applicant notified in writing date: _____			