



THE PENFIELD VOLUNTEER EMERGENCY AMBULANCE SERVICE, INC.
P.O. BOX 220 • 1585 JACKSON ROAD • PENFIELD, NEW YORK 14526

9. Availability: (Not applicable to Auxiliary/Administrative) - Check all that apply and indicate your availability

- a. Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
b. Hours: Open availability Limited availability listed below

10. Driver License: (Not applicable to Auxiliary/Administrative)

- a. Driver's License Number: _____
b. Issuing State: _____
c. Class of License: _____
d. Expiration Date: _____
e. Conditions / Restrictions Yes No
 i. If Yes explain: _____

11. Additional Certifications EMS Education:

Certification	Acquired (Yes/No)	Expiration if applicable
NIMS 100		
NIMS 200		
NIMS 700		
NIMS 800		
ITLS/PHTLS		
ACLS		
PALS		
CPR		
EVOC / CEVO		

12. Current Employer:

Name of Employer	Supervisor	May we contact?	
		Yes	No
Street Address			
Phone Number		Date Employed (Month/Year)	
		From:	To:
Job Title and Duties		Reason for Leaving?	

Name of Employer	Supervisor	May we contact?	
		Yes	No
Street Address			
Phone Number		Date Employed (Month/Year)	
		From:	To:
Job Title and Duties		Reason for Leaving?	

(If more space is needed, please use attached sheet)



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13. Have you ever been involuntary terminated or asked to resign from any job? Yes No

14. Are there any gaps in your employment history? Yes No

15. If you answered yes to either question 13 or 14 please explain below with dates:

16. Emergency Response Experience: (Fire-Rescue, Police or EMS)

List all Agencies including past employments, undisclosed information may result in termination

Name of Agency	Contact Person	May we contact?	
		Yes	No
Street Address			
Phone Number		Dates of service? (Month/Year)	
		From:	To:
Job Title and Duties		Reason for Leaving?	

Name of Agency	Contact Person	May we contact?	
		Yes	No
Street Address			
Phone Number		Dates of service? (Month/Year)	
		From:	To:
Job Title and Duties		Reason for Leaving?	

(If more space is needed, please use attached sheet)

17. Personal References (Not family Related):

- a. Reference 1
 - i. Name _____
 - ii. Contact Number: _____
 - iii. How acquainted: _____
 - iv. Years you have known them: _____
- b. Reference 2
 - i. Name _____
 - ii. Contact Number: _____
 - iii. How acquainted: _____
 - iv. Years you have known them: _____
- c. Reference 3
 - i. Name _____
 - ii. Contact Number: _____
 - iii. How acquainted: _____
 - iv. Years you have known them: _____

18. Additional Information:



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19. Certification:

I hereby state that all of the above questions have been answered truthfully and without gross omission. I authorize PVEA to check my references and/or all of the above with proper law enforcement agency. I also understand that willful falsification or omission from this application will be cause for rejection or dismissal. It is further understood that this application will be handled in accordance with the Civil Rights Act of 1964 and no discrimination will occur because of age, sex, religion, race, gender, sexual orientation, national origin or any other protected classification.

Applicant Signature

Date

20. Privacy Notification:

APPLICANT’S AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____, do hereby authorize a review and full disclosure of records concerning myself to PVEA, the Monroe County Sheriff’s Office and designated persons working on their behalf, whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

The intent of this authorization is to give my consent for full and complete disclosure of records of all licensing agencies, educational institutions, and law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for membership / employment of PVEA. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the PVEA, and the Monroe County Sheriff’s Office from any and all liability which may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE AS VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this “Authorization for Release of Personal Information.”

Applicant Signature

Date

Witness Signature

Date

Please attach a Copy of driver’s license and other certifications with this completed application

21. Submit Applications to:

a. USPS

**Attn. Application Committee
Penfield Volunteer Emergency
Ambulance Service P.O.Box 220
Penfield, NY 14526**

b. E-mail

applications@penfieldambulance.org



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Emergency Response Experience Continuation form: (Fire-Rescue, Police or EMS)

List all Agencies including past EMS employments, undisclosed information may result in termination

Name of Agency	Contact Person	May we contact?	
		Yes	No
Street Address			
Phone Number	Dates of service? (Month/Year)		
	From:	To:	
Job Title and Duties	Reason for Leaving?		

Name of Agency	Contact Person	May we contact?	
		Yes	No
Street Address			
Phone Number	Dates of service? (Month/Year)		
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