



Brockport Volunteer Ambulance Corps Inc.

P.O. Box 242 38 Market Street
Brockport, New York 14420
Phone (585) 637-1035 Fax (585) 637-1010

New Employee Application Packet

Dear Applicant:

We are pleased that you have obtained an application for employment with the Brockport Volunteer Ambulance Corps (BVAC).

The BVAC carries a long tradition of providing the residents and businesses of the Village of Brockport and surrounding communities with high quality pre-hospital emergency care. Serving the Brockport area since 1962, our volunteers and employees have demonstrated a commitment and dedication in sacrificing their time to be part of the BVAC and to make it an important aspect of the quality of life in the Brockport area.

The BVAC accepts new applicants with or without experience for a variety of position within the organization.

We encourage you to meet our members, look at our medical equipment and explore our fleet and facility before filing your application with us. Applications are considered active for 90 days from the date of their receipt by BVAC. Once your application is accepted, an interview will be conducted. You will be notified of this appointment by a member of our Career Staff Committee.

Please do not hesitate to call us with any questions or assistance with your application. Thank you for your interest in the BVAC. We look forward to receiving your application.

Sincerely,

BVAC Career Staff Committee



Employment Application

Please print legibly in ink

Date _____

Positions applied for:

(check all that apply)

- Part time employee position
 EMT (*New York State Certified Emergency Medical Technician*)
 EMT-P (*New York State Certified Paramedic*)

Have you ever applied to the BVAC? YES NO Date(s): _____

Have you ever been interviewed by the BVAC? YES NO Date(s): _____

Personal Data

Name _____ Date of Birth* _____ Soc Sec Num * _____

Mailing Address _____ Yrs at residence _____

Street Address (if different) _____

City _____ State _____ Email _____

Phone (H) _____ Phone (C) _____

Emergency Contact Info. Name _____ Relation _____

Phone (H) _____ Phone (C) _____

* - This information is used for identification purposes only and does not factor, in any way, into BVAC's decision to approve your application for employment.

Previous Addresses

Include previous temporary and permanent addresses covering the last five years (include permanent address if you are a college student)

Street Address City State County Date From/Date To

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Authorization to Work

Are you authorized to accept employment under the provisions of U.S. law, including U.S. Immigration Law? YES NO

If you answered no, indicate your immigration status or other authorization to work: _____

General Information

Being an active member of the Brockport Volunteer Ambulance Corps (BVAC) requires a significant commitment of time and effort. Please indicate whether you will be able to:

Commit to a minimum of sixteen (16) hours of on-duty time per month? YES NO

Attend monthly Corps training/meetings in the evening or weekends? YES NO

Respond to emergency calls on an off-duty basis? YES NO

Complete all required medical evaluations and assessments as required by federal, state and Corps regulations? YES NO

Participate in and complete any required training for active status in your position, if accepted, (EMT, CPR or OSHA/DOH mandated training)? YES NO

Please provide what hours and days you would typically be able to work or volunteer _____

Do you have any physical or medical condition/impairment/medications, which may affect your ability to perform strenuous activity as required in emergency medical services work? YES NO

If "yes" please explain: _____

Please state any additional information you believe is pertinent to your application for employment regarding your availability to participate in the organizations activities (other professional activities, certifications, etc): _____

Certifications/OSHA

Include CPR/AED, any EMS certifications or professional licenses/certifications (Provide Copies)

<u>License/Certification</u>	<u>Issue Date</u>	<u>Issued By</u>	<u>Cert Num</u>	<u>Expiration Date</u>
CPR/AED:	_____	_____	_____	_____
EMT: Level _____	_____	_____	_____	_____
ACLS	_____	_____	_____	_____
PALS	_____	_____	_____	_____

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Certifications/OSHA (continued)

<u>License/Certification</u>	<u>Issue Date</u>	<u>Issued By</u>	<u>Cert Num</u>	<u>Expiration Date</u>
EVOC/CEVO	_____	_____	_____	_____
NIMS 100	_____	_____	_____	_____
NIMS 200	_____	_____	_____	_____
NIMS 300	_____	_____	_____	_____
NIMS 400	_____	_____	_____	_____
NIMS 700	_____	_____	_____	_____
NIMS 800	_____	_____	_____	_____
Physical	_____	_____	_____	_____
TB Test	_____	_____	_____	_____
OSHA Training	_____	_____	_____	_____
Respirator Fit Test	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Driving Record

<u>Drivers License Number</u>	<u>Class</u>	<u>State</u>	<u>Date of Expiration</u>	<u>Num of Points</u>
_____	_____	_____	_____	_____

Do you have any moving violations or accidents in the last five (5) years? [] YES [] NO

If “yes” please explain: _____

Has your license ever been suspended or revoked? [] YES [] NO

If “yes” please explain: _____

Previous Affiliations

Have you ever been an applicant or employee/member of any fire dept. or ambulance? [] YES [] NO

If yes, please list name, address, contact name and number of organization(s) below

<u>Department Name</u>	<u>Address</u>	<u>Phone Num</u>	<u>Contact Name</u>	<u>To/From</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Previous Affiliations (continued)

Previous Military Experience [] YES [] NO

If Yes: Branch: _____

Number of Years: _____

Type of Discharge: _____

Date of Discharge: ____ / ____ / ____

Education and Training

Complete all appropriate items, even if you already provided us with a resume

High School Name:	Address:	City/State/Zip Code:
Graduated? [] YES [] NO	If you obtained a GED, indicate date and state where obtained:	

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

School Name:	Address:	City/State/Zip Code:
Major Field of Study:	Minor Field of Study:	Type of Diploma, Degree or Cert.:
Dates Attended: From: To:	Graduated? [] YES [] NO	Academic Standing / GPA:

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Employment History

List your job history for the past five (5) years or last five (5) employers, including unpaid experience, starting with your current or most recent position. Indicate any periods in which you were not employed and explain what you were doing during that time. Include U.S. Military experience and summer/part-time jobs.

Employer _____

Job Title _____ Immediate Supervisor _____

Start Date _____ End Date _____

Job Description/ Responsibilities _____

Reason for Leaving: _____

Employers Phone # _____ May we contact [] YES [] NO

Employer _____

Job Title _____ Immediate Supervisor _____

Start Date _____ End Date _____

Job Description/ Responsibilities _____

Reason for Leaving: _____

Employers Phone # _____ May we contact [] YES [] NO

Employer _____

Job Title _____ Immediate Supervisor _____

Start Date _____ End Date _____

Job Description/ Responsibilities _____

Reason for Leaving: _____

Employers Phone # _____ May we contact [] YES [] NO

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Employment History (continued)

Employer _____

Job Title _____ Immediate Supervisor _____

Start Date _____ End Date _____

Job Description/ Responsibilities _____

Reason for Leaving: _____

Employers Phone # _____ May we contact [] YES [] NO

Employer _____

Job Title _____ Immediate Supervisor _____

Start Date _____ End Date _____

Job Description/ Responsibilities _____

Reason for Leaving: _____

Employers Phone # _____ May we contact [] YES [] NO

Security Data Information

Provides accurate and complete information in response to the following three (3) questions, this information will be taken into account during the employment review process. Do not include information regarding arrests without convictions, convictions or incarcerations for which a record has been sealed or expunged. Please note that a criminal record will not necessarily disqualify you from employment.

1. Have you ever been convicted, or plead guilty to a felony or misdemeanor, including a DWI/DUI or similar offense (Include military service convictions or guilty pleas)? [] YES [] NO
2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? [] YES [] NO
3. Have you ever been confined (incarcerated) as a result of the sentence of any court? (Include incarceration resulting from the sentence of a military court or similar proceeding.) [] YES [] NO

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Security Data Information (continued)

If you answered “yes” to any of the above questions, please provide the following information for each situation:

a. The date, place of the offense and charge: _____

b. The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea: _____

c. If you have been in prison/jail, the name and location of the facility in which you served your sentence: _____

d. Any other information that you believe is pertinent to our full understanding of this matter: _____

Additional Information

Please provide any additional information you consider pertinent to your application for employment.

Personal References

Please list three (3) references who are over eighteen (18) years of age, have known you for more than two (2) years and can objectively comment on your abilities and/or interests in emergency medicine. These may include supervisors, teachers, friends, co-workers, BVAC members, etc., but not relatives

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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All employees of the BVAC must meet the following qualifications for employment:

- Ability to communicate effectively via telephone and radio equipment.
- Ability to use personal computer equipment with minimal assistance.
- Ability to lift, carry and balance up to 125 lbs (250 lbs with assistance).
- Ability to interpret oral, written and diagnostic form of instructions.
- Ability to use good judgment and remain calm in high stress situations.
- Ability to be unaffected by loud noises and flashing lights.
- Ability to function efficiently without interruption throughout an entire work shift.
- Ability to read English language, manuals and road maps.
- Ability to accurately discern street signs and addresses.
- Ability to interview patients, patient family members and bystanders.
- Ability to document relevant patient care information in required format.
- Possess good manual dexterity with ability to perform tasks related to providing patient care.
- Ability to bend, stoop and crawl on uneven terrain.
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture.
- Ability to work in low light situations and confined spaces.
- Ability to work with other providers to make appropriate patient care decisions.
- Ability to understand and comply with all confidentiality laws and regulations.

In addition to these qualifications, all employees are expected to perform the following:

- Respond to calls when dispatched. Perform duties as assigned by the crew member or officer in charge.
- Assist with lifting, carrying and properly loading patient into the ambulance.
- Use prescribed techniques and equipment to provide patient care to their level of training.
- Assist in moving patient from ambulance into medical facility.
- Replace supplies and properly disposes of medical waste.
- Properly clean contaminated equipment according to established guidelines.
- Maintain ambulance in operable condition.
- Ensure cleanliness and organization of ambulances, equipment and supplies.
- Maintain familiarity with all specialized equipment.
- Maintain Corps facilities and property in operable condition.
- Ensure cleanliness and organization of its facilities, its equipment and supplies.
- Maintain familiarity with and adherence to all Corps policies and procedures.
- Attend required periodic training sessions and Corps meetings.

The BVAC understands that applicants may have some degree of impairment or disability that may inhibit their ability to fully meet or perform all of these qualifications and expectations. If such a situation should arise, the BVAC will make efforts to reasonably accommodate any such impairments and/or disabilities. If you believe that you suffer from any impairments or disabilities that might affect your ability to meet the above qualifications and expectations, please be sure to briefly describe them on page 2 of this application under "General Information" in the area provided.

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Read the following statements carefully, as they represent matters of importance to both you and BVAC in connection with your application for employment. Please initial after each statement.

I understand that:

- The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission in my application, resume or any other materials will be justification for refusal of employment or termination of employment. (Initial) _____
- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check or state driver's license check. (Initial) _____
- I voluntarily authorize the BVAC to verify information related to my education, employment, security data, and I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless BVAC, its directors, officers, employees and volunteers. (Initial) _____
- A medical assessment/exam, which may include a drug and alcohol screening, is required for employment. Failure to successfully complete the required assessment/exam may result in withdrawal of an offer of employment. (Initial) _____
- In signing this application, I certify that I have read the attached information and apply for employment with BVAC. I agree to comply with the Bylaws, and the Rules and Regulations of the Corps, which will be provided to me upon approval of my employment. (Initial) _____
- BVAC may terminate my employment at any time and for any reason, with or without cause, and I am free to terminate my employment in writing at any time for any reason. (Initial) _____
- I understand that if accepted for employment, the Corps has the option to not sponsor me to attend a NYS EMS Certification course for a period of 6 months. (Initial) _____

Signature of Applicant:

Date:

Application Complete – Do Not Continue To Next Page

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For Internal Use Only

Application Received By: _____ Date: _____ / _____ / _____

Application Checklist: _____ Recruiters Initial: _____ Date Completed: _____

- Application Reviewed & Complete _____
- Criminal Check Submitted _____
- Criminal Check Returned _____
- Certifications Submitted _____
- Reference Checks Completed _____
- Health Physical Completed _____
- Interview Completed _____

Career Staff Committee Notes:

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For Internal Use Only**

Applicant Evaluation Form

Applicant Name: _____

Interviewer's Name(s): _____

Interview Date: _____

Interviewer Instructions:

Complete this form immediately after the interview. Comments may be brief but should always be relevant to responsibilities or characteristics to employment. The summary section should include your total assessment of the applicant and the rationale for your employment recommendation.

Personal Characteristics:

Comment on any relevant characteristics you observed during the interview such as communication skills, alertness, poise, maturity, etc.

Interest in EMS:

Comment on applicant's demonstrated interest in EMS or in activities related to EMS.

Education/Training:

Evaluate the applicant's academic achievements or specific training relevant to EMS.

Work History/Experience:

Describe aspects of the applicant's work history or experience relevant to their consideration for employment.

Fitness for Employment:

Assess the candidate's ability to function as an active member of the agency, including level of commitment they will make.

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Other:

Comment on any other factors you feel are important to the employment decision, e.g. applicant's achievements, abilities, limitations, flexibility, etc.

Summary:

Summarize the points above to support your evaluations. Indicate your overall evaluation by selecting one of the categories below. _____

Candidate Evaluation:

In regards to employment with BVAC in general.

Please select one:

_____ Outstanding _____ Above Average _____ Acceptable _____ Unacceptable

Employment Recommendation:

This applicant _____ **Should** or _____ **Should Not** be made an employee of BVAC.