

PARAMUS AMBULANCE CORPS

MEMBERSHIP APPLICATION

(2005)

(IMPORTANT: PRINT ALL ANSWERS CLEARLY, EXCEPT SIGNATURES, IN INK. EACH QUESTION MUST BE ANSWERED. DO NOT LEAVE ANY ITEMS BLANK. IF ANY ANSWER IS FOUND TO BE UNTRUE, YOU WILL AUTOMATICALLY BE DISQUALIFIED FROM JOINING THE PARAMUS AMBULANCE CORPS.)

PERSONAL INFORMATION

NAME _____

ADDRESS _____

HOW LONG AT THIS ADDRESS? _____

TELEPHONE # (WORK) _____

TELEPHONE # (HOME) _____

TELEPHONE # (MOBILE) _____

EMAIL ADDRESSES _____

SOCIAL SECURITY NUMBER _____

HAVE YOU EVER BEEN FOUND GUILTY OF ANY DRIVING VIOLATION OR HAS YOUR LICENSE EVER BEEN SUSPENDED? NO. YES. IF YES, EXPLAIN _____

ARE YOU CURRENTLY A STUDENT? NO. YES. IF YES, NAME OF SCHOOL, AND GRADE OR YEAR _____

CURRENT EMPLOYMENT INFORMATION

EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S TELEPHONE NUMBER _____

YOUR OCCUPATION _____

YOUR REGULAR WORK HOURS _____

CRIMINAL BACKGROUND QUESTIONS

A CRIMINAL BACKGROUND INVESTIGATION MAY BE CONDUCTED. HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO. YES. IF YES, EXPLAIN IN DETAIL _____

OPTIONAL PERSONAL DATA

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

EDUCATION COMPLETED _____

MILITARY SERVICE _____

AMBULANCE CORPS EXPERIENCE AND AVAILABILITY

HOW DID YOU HEAR ABOUT THE PARAMUS AMBULANCE CORPS? _____

WHAT DAYS OF THE WEEK AND WHAT TIMES OF THESE DAYS ARE YOU AVAILABLE FOR DUTY WITH THE PARAMUS AMBULANCE CORPS? _____

ARE YOU A MEMBER OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER AMBULANCE CORPS? NO. YES. IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF ORGANIZATION _____

NAME OF CAPTAIN OR SUPERVISOR _____

TELEPHONE NUMBER _____

IF YOU ARE NO LONGER A MEMBER, WHY DID YOU LEAVE? _____

IF YOU ARE STILL A MEMBER, ARE YOU PLANNING ON LEAVING THAT CORPS?

NOT APPLICABLE. I AM NOT A MEMBER OF ANOTHER AMBULANCE CORPS.

I AM NOT PLANNING ON LEAVING THAT CORPS.

I AM PLANNING ON LEAVING THAT CORPS. THE REASON(S) ARE: _____

VOLUNTEER SERVICE

HAVE YOU EVER BEEN, OR ARE YOU PRESENTLY, A MEMBER OF ANY OTHER VOLUNTEER SERVICE? NO. YES. IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF ORGANIZATION _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME OF SUPERVISOR _____

IF YOU ARE NO LONGER A MEMBER, WHY DID YOU LEAVE? _____

EMERGENCY MEDICAL SERVICE EXPERIENCE AND TRAINING

LIST ALL FIRST AID AND EMERGENCY MEDICAL SERVICES EXPERIENCE AND TRAINING (ATTACH ADDITIONAL SHEETS IF NECESSARY):

HAVE YOU RECEIVED BLOODBORNE PATHOGENS TRAINING? NO. YES. IF YES, WHEN? _____

HAVE YOU RECEIVED DRIVER TRAINING? NO. YES. IF YES, WHEN? _____

HAVE YOU RECEIVED HAZMAT AWARENESS TRAINING? NO. YES. IF YES, WHEN?

HAVE YOU RECEIVED INCIDENT COMMAND SYSTEM TRAINING? NO. YES. IF YES, WHEN? _____

APPLICANT'S DECLARATION

I AGREE TO COMPLY WITH THE RULES GOVERNING THE PARAMUS AMBULANCE CORPS. I FURTHER AGREE TO RECEIVE A PHYSICAL EXAMINATION AND TO BE THE SUBJECT OF A BACKGROUND CHECK, AS REQUIRED BY THE BOROUGH OF PARAMUS. I HEREBY CERTIFY THAT I AM AT LEAST 16 YEARS OLD, AND THAT THIS APPLICATION WAS ACCURATELY COMPLETED TO THE BEST OF MY KNOWLEDGE. *I UNDERSTAND THAT **ANY FALSE STATEMENT ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REJECTION OR FUTURE DISMISSAL.***

SIGNATURE _____

DATE FORM COMPLETED AND SIGNED _____

ATTACH A COPY OF YOUR VALID DRIVER'S LICENSE, VALID SOCIAL SECURITY CARD, CURRENT EMT CARD, CURRENT CPR CARD, AND ALL OTHER CURRENT EMS CERTIFICATIONS. IF YOU DO NOT HAVE A VALID DRIVER'S LICENSE, OR IF YOUR DRIVER'S LICENSE IS CURRENTLY IN JEOPARDY OF BEING REVOKED, PLEASE EXPLAIN. (ATTACH ADDITIONAL SHEETS IF NECESSARY) _____

PARENT OR LEGAL GUARDIAN'S DECLARATION

IF APPLICANT IS UNDER 18 YEARS OLD, I, THE PARENT OR LEGAL GUARDIAN OF THE APPLICANT, HEREBY CONSENT TO THE PROVISIONS OF THIS APPLICATION.

SIGNATURE _____

DATE _____