

Village of Oxford Emergency Squad
PO Box 172
Oxford, N.Y. 13830

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for membership without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Per Executive Law Section 837-s which takes effect March 14, 2017 the Village of Oxford Emergency Squad (VOXEMS) will check your provided personal information against the New York State Sex Offender Registry. This information will be used in the assessment of your application for membership.

TO BE COMPLETED BY THE APPLICANT

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone / Pager _____

SSN # _____ E-Mail Address: _____

Do you possess a valid driver's license? Yes No

Do you possess a valid CDL driver's license? Yes No

If yes, do you possess passenger endorsement? Yes No

EMS Certification: EMR, EMT-B, AEMT, EMT-Critical Care, Paramedic

EMS Certification #: _____ EMS Expiration Date: _____

Are you CPR Certified? Yes No CPR Expiration Date: _____

Please submit a copy of your current Driver's License, EMT, CPR, or any other valid certification cards or certificates.

Position Desired: Aide, Patient Care Provider, Driver/Vehicle Operator

General Questions

Have you ever been convicted of a crime? Yes No

If yes, please provide details: _____

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Have you ever been a member of another Emergency Services Organization? Yes No

Have you ever applied to the Village of Oxford Emergency Squad? Yes No

Have your privileges to practice as an EMT/AEMT ever been suspended or revoked? Yes No

If yes please explain: _____

Employment History

Name and Address of Employer: _____

Immediate supervisor: _____ May we contact Supervisor? Yes No

Describe duties or positions held: _____

Dates of employment: _____ to _____ Phone Number: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Immediate supervisor: _____ May we contact Supervisor? Yes No

Describe duties or positions held: _____

Dates of employment: _____ to _____ Phone Number: _____

Reason for Leaving: _____

Education and Other Training

Do you possess a High School Diploma or Equivalent? Yes No

Do you possess a College Degree? Yes No

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If yes, please list Major (s) of Study: _____

References

Please list names, addresses and phone numbers of 3 personal references:

1. _____

2. _____

3. _____

Authorization

"By signing this application, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a member, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the organization from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the organization has any authority to enter into any agreement for membership for any specified period of time, or to may offer any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Applicant's Signature

Date

TO BE COMPLETED BY THE TRUSTEES

APPLICATION FOR MEMBERSHIP

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Date: _____

Trustees: _____

- Recommend for membership DO NOT recommend for membership

Comments from interview: _____

If not recommended, provide detail reason: _____

TO BE COMPLETED BY THE SECRETARY

Date applicant notified of acceptance or rejection: _____

Date of Termination and reason: _____

Transferred- Date: _____

Retired- Date: _____

Honorary- Date: _____