

Clausson-Raught Community Rescue Squad Inc. EMS Employment Application

Clausson-Raught Community Rescue Squad considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Clausson-Raught Community Rescue Squad is a DRUG-FREE WORKPLACE

Date Of Application:		I certify that I am at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position Applied For: EMT <input type="checkbox"/> EMTP <input type="checkbox"/>		Type of Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/>			
Name of Applicant		Last:		First: Middle:	
Previously used name(s)					
Address (House Number, Street, City, State, Zip Code)				Years/months at address:	
Social Security Number		Home Telephone Number		Cell / Pager Number(s)	
Previous Address(s) (Street, City, State, Zip Code)				Years/months at address:	
Email address					
Do you have current State EMS License? Yes <input type="checkbox"/> No <input type="checkbox"/>		EMS License Number		State	
Are you Nationally Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Emergency Contact(s)		Phone Number(s):		Relationship:	
Name:					
Education					
High School attended and address:			Highest grade completed:		Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
University or vocational school attended and address:			No. Years Completed		Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
Degrees / Majors:					
EMT Training (Name of School Attended):		Address of School (Street, City, State, Zip)		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paramedic Training (Name of School Attended):		Address of School (Street, City, State, Zip)		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Educational Training / Courses:					
Technical Education					
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Class (A-F)	State	License Number	Expiration Date
Class Certification	MM/YY of Expiration	Location of Course	Instructor	Additional Training	
ACLS					
PHTLS/BTLS					
PALS					
CPR					
AMLS					
Other					

Clausson-Raught Community Rescue Squad Inc.

283 Mountain View RD P.O. Box 327
Copake, New York 12516
Ph: (518) 329-2200 Fax: (518) 329-2159
communityrescuesquad@gmail.com

**Clausson-Raught Community Rescue Squad Inc.
EMS Employment Application**

Specific EMS Background

Driving Experience

Have you ever driven an emergency vehicle? Yes No

If Yes, what type and for how long?

Has your driver's license ever been suspended or revoked? Yes No

If Yes, when and for what?

List all traffic offense citations over the past 3-5 years, including: date, place and disposition.

List any other traffic offense citation, including: date, place and disposition.

Legal Issues

Have you ever been **convicted** of any form of assault? Yes No

Have you ever been **convicted** of any drug or alcohol offenses? Yes No

Have you ever had a judgement against you in a negligence or other misconduct suit arising out of the providing of emergency services or other healthcare? Yes No

Has your medical malpractice insurer ever paid on a claim involving your alleged medical malpractice? Yes No

If you answered yes to any of the above questions, describe in full. Convictions do not necessarily bar employment.

Please describe in your own words why you would want to work for Community Rescue Squad.

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Employment History (List present or most recent positions first)			
Name of Employer		Address (Street, City, State, Zip)	
Type of Business	Department	Title	
Duties			
Name and Title of Immediate Supervisor:			
Start Date (dd/mm/yyyy)	Ending date (dd/mm/yyyy)	Starting Salary	Ending Salary
Reason for leaving:			
Name of Employer		Address (Street, City, State, Zip)	
Type of Business	Department	Title	
Duties			
Name and Title of Immediate Supervisor:			
Start Date (dd/mm/yyyy)	Ending Date (dd/mm/yyyy)	Starting Salary	Ending Salary
Reason for leaving:			
Name of Employer		Address (Street, City, State, Zip)	
Type of Business	Department	Title	
Duties			
Name and Title of Immediate Supervisor:			
Start Date (dd/mm/yyyy)	Ending date (dd/mm/yyyy)	Starting Salary	Ending Salary
Reason for leaving:			
If more lines are needed, please list on an additional sheet.			
May we contact your present employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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References (Do not list relatives or former employers)			
Name	Occupation	Address	Phone
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please list.</i>			
Personal Interests (Optional)			
<i>Activities / Interests (Student, Professional, Community, ect.)</i>			
<i>Articles or texts published</i>			
<i>Other interests or hobbies</i>			
<i>Special talents</i>			
<i>Languages spoken, written or read. Note fluency:</i>			
Medical			
Do you agree to take a medical exam, including drug and/or alcohol screening at the company's expense, evaluating the Bona fide Occupational Qualifications of the position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to have a background check done? Yes <input type="checkbox"/> No <input type="checkbox"/>			
is an equal opportunity employer and does not discriminate based upon race, color, religion, creed, national origin, age, sex, or disability.			
Please Read Carefully and Sign			
I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Clausson Raught Community Rescue Squad in any way.			
Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Clausson Raught Community Rescue Squad is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment. If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.			
I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription.			
I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Clausson Raught Community Rescue Squad as a condition of my employment, and I hereby give my consent to the release of all information which the Clausson Raught Community Rescue Squad deems necessary to determine my ability to perform job duties now or in the future.			
I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from the Clausson Raught Community Rescue Squad. I hereby authorize the Clausson Raught Community Rescue Squad to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries.			
I release the Clausson Raught Community Rescue Squad and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Clausson Raught Community Rescue Squad may be terminated.			
Signature of Applicant: _____			Date: _____

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Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Records

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance,

I, _____ authorize Clausson Raught Community Rescue Squad, Inc. to obtain my Motor Vehicle Record. I understand that this record may contain personal information¹ in addition to any/all driver violations and/or accidents which may be on my record through the New York State Department of Motor Vehicles.

In addition, should my application be accepted for employment and/or upon my becoming an employee for Clausson Raught Community Rescue Squad, Inc., I further authorize any/all requests for my Motor Vehicle Records be submitted and reviewed as needed for the sole purpose of my continued evaluation and eligibility standards under the State and Federal regulatory compliance standards.

Signature of Employee

Social Security Number

Driver License Number

Date of Birth

Date

1. "Personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5 digit zip code), telephone number, and medical or disability information, but does not include information on vehicular accidents, driving violations or driver status.

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March 2024

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Tuberculin Mantoux Test Consent and Declination Form

Instructions: Sign on only one line, in the first section if you wish to have the PPD test done, and in the second section if you wish to decline the PPD testing.

Consent

I, the undersigned, give my consent for Tuberculin Mantoux testing for tuberculosis. I understand that I must have the test read in 48-72 hours after the placement or I must have the test repeated. I also understand that if a positive or suspicious result is obtained, I will be referred to a medical facility of my choice for further evaluation at no cost to me. I ACKNOWLEDGE THAT I HAVE NEVER HAD A POSITIVE TUBERCULOSIS TEST RESULT IN THE PAST. I understand that all test results will be kept in my confidential medical record.

I understand that the Centers for Disease Control recommends that if I have not had a Tuberculin Mantoux test in the last year, that I should have a second test placed one to two weeks after the first test.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

Declination

I, the undersigned, am refusing the Tuberculin Mantoux testing for tuberculosis at this time. I understand the nature of EMS care is such that exposure to tuberculosis is possible. I understand that I can agree to be tested in the future at no cost to me.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

Signature of Witness: _____

Date: _____

Print Name: _____

Clausson Raught Community Rescue Squad Hepatitis B Vaccination Program

Name: _____

Date of Birth: _____

SSN: _____

I have received training about Hepatitis "B" and the recombinant vaccines available to protect me from the disease. I understand that I am at risk of contracting Hepatitis "B" while providing emergency medical services. My questions about Hepatitis "B" have been answered to my satisfaction. By signing below I hereby understand that refusing the vaccine carries no disciplinary action and that I may rescind this declination at any time in writing and then receive the vaccine at no cost.

Signature: _____

Date: _____

I have received the training about Hepatitis "B" and the vaccination available to protect me from the disease. I have received my vaccine on the dates listed below:

Dose #1 Date: _____

Dose #2 Date: _____

Dose #3 Date: _____

Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

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