



WATERBURY AMBULANCE SERVICE, INC.

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION				
Name:	Email Address:			
Address:	Home Phone:			
Work Phone:	Vermont Driver License #:			
Employer Name:	Emergency Contact Name:			
Employer Address:	Emergency Contact Phone:			
PRIOR RELEVANT TRAINING				
Description of Training		Date Taken		
OTHER CURRENT SERVICE AFFILIATIONS (Fire, Scouts, Service Orgs; etc.)				
CURRENT CERTIFICATIONS				
Type	ID#	Date Expires		
LIST TWO PERSONAL (NON-FAMILY) AND ONE PROFESSIONAL REFERENCE				
Name	Address	Phone		
PLEASE INITIAL THE FOLLOWING QUESTIONS			Yes	No
Do you have a current valid Vermont Driver's License?				
Are you willing to take additional training with the squad?				

Full membership in Waterbury Ambulance Service, Inc., is determined by vote of the squad after a candidate has served for at least six months. All applicants must certify to the following statements, which are a condition of membership:

1. I certify that the facts given on this application are correct and true, to the best of my knowledge. I have withheld nothing that, if disclosed, could affect this application. I understand that if Waterbury Ambulance Service, Inc., approves my application, any false statements in this application are grounds for dismissal.
2. I understand that membership requires serving a minimum of one 12 hr. shift per week and one 12 hr. weekend shift per month. I agree to be available as scheduled unless I have been excused from this minimum. I understand that, while the squad will try to accommodate my needs, I may not be assigned to my choice of shifts.
3. I further understand that participation on the squad requires me to act professionally and courteously toward patients and other squad members.
4. If accepted for membership, I agree to follow all the Waterbury Ambulance Service, Inc., procedures, policies, and protocols, to the best of my ability.

The Waterbury Ambulance Service, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Waterbury Ambulance Service, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Waterbury Ambulance Service, Inc. may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. Background check will include but is not limited to VCIC, VT DMV, VT Sex Offender Registry, Elder Abuse Registry, Medicare Exclusion Database. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicants Printed Name

Please return this completed application to:
Waterbury Ambulance Service, Inc. Attn: President
P.O. Box 95
Waterbury Center, VT 05677