



# Clifton Park & Halfmoon Emergency Corps Inc.

P.O. Box 1469 • CLIFTON PARK, N.Y. 12065 • (518) 371-3880 • Fax: (518) 371-7623



Dear Applicant,

Thank you for expressing interest in serving with the Clifton Park & Halfmoon Emergency Corps.

Clifton Park & Halfmoon Emergency (CPHM) is a dedicated organization consisting of a mix of volunteer and career staff. The Clifton Park and Halfmoon area is a rapidly growing community that needs the support of individuals looking to serve the people of southern Saratoga County.

To begin the process of placing an application on file, we ask that you complete the following requirements:

- Please fill out the *Membership Application* completely, sign it, and return it to us with all required documents (driver's license, EMS and CPR certifications as listed under the attachments section).
- *Confidential Reference Questionnaires* should be given to three (3) people who are listed as personal or employment references (please do not use relatives or roommates as references).
- You will need to fill in the name of the person who is filling out the reference questionnaire, read and sign for acknowledging the information in the RELEASE section. *After* you have signed the release, give the form to your reference and *have them mail it back to us directly*. We suggest you provide a return envelope with postage to your reference to ensure prompt return.
- A copy of your resume (if you desire) will also be helpful.

In addition to the membership application, a copy of the *Position Description* and minimum requirements can be found on our web site. Please take a moment to review the requirements and be sure that you will be able to meet them. Please note that if the position desired is within the volunteer status, the age, time requirements and New York State Department of Health certification requirements of the enclosed position description do not apply.

Upon receipt of your signed application and completion of all reference checks, the Human Resource Supervisor will review your application and contact you for an interview. Volunteer applications will be processed after we receive all required materials, while paid staff applications will be acted on only when there is a need to fill open positions. Again, we thank you for your interest, and we look forward to meeting with you. Please feel free to contact us if you have any questions.

Sincerely,

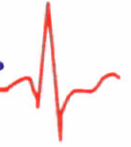
A handwritten signature in black ink, appearing to read "Rick Mearns".

Rick Mearns, EMT-P  
Supervisor  
Human Resources



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## Application for Membership

CLIFTON PARK HALFMOON EMERGENCY CORP, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

### DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Legal Address (if different): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
In Emergency, notify: \_\_\_\_\_

### POSITION DESIRED

Qualification:  Medic  EMT  \_\_\_\_\_  
Commitment Desired:  Volunteer  Full Time  Part Time  Per Diem  
When can you start? \_\_\_\_\_  
Have you ever filed an application with us before?  No  Yes, on \_\_\_\_\_

### EMS EDUCATION AND TRAINING

Current Level of Certification:  CFR  EMT-B  EMT-I  EMT-CC  EMT-P  
New York State Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
Location of Initial Basic Training: \_\_\_\_\_  
Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Location of Initial Advanced Training: \_\_\_\_\_  
Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Location of Most Recent EMT or AEMT Refresher: \_\_\_\_\_  
Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_

### AMERICANS WITH DISABILITIES ACT

In order to perform the duties of the position for which you are applying, will you require an accommodation?  
An answer in the affirmative will not disqualify an otherwise qualified applicant from employment.

No  Yes

If so, please attach a description of the type of accommodation that will be required.

## FORMAL EDUCATION

School	Address	Dates Attended
High School		
College		
Other		

## EMPLOYMENT HISTORY

Beginning with your current employer, please list up to three (3) consecutive places of employment for a period not to exceed ten years.

Job Title		Date Started	Date Left
Employer	Supervisor		Telephone
Address			
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title		Date Started	Date Left
Employer	Supervisor		Telephone
Address			
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title		Date Started	Date Left
Employer	Supervisor		Telephone
Address			
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CRIMINAL HISTORY

Have you ever been convicted of a crime other than a violation?  No  Yes

If yes, provide an attached explanation of the circumstances. A conviction will not necessarily disqualify an applicant from employment.

## DRIVING HISTORY

Do you have a valid New York State Driver License?  Yes  No

Motorist ID Number: \_\_\_\_\_ Expires: \_\_\_\_\_

List below any traffic violations, accidents, suspensions, or revocations in the last 40 months

Date	Description of Accident or Details of Violation (include Court and fines)

## EMS EXPERIENCE

Beginning with your current EMS Agency, list up to three (3) consecutive places of participation for a period not to exceed ten years

Job Title	Date Started	Date Left
Employer	Supervisor	Telephone
Address		
Brief Description of Duties		
Reason for Leaving		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Title	Date Started	Date Left
Employer	Supervisor	Telephone
Address		
Brief Description of Duties		
Reason for Leaving		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Title	Date Started	Date Left
Employer	Supervisor	Telephone
Address		
Brief Description of Duties		
Reason for Leaving		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

## PERSONAL REFERENCE

Please list at least three personal references, not living with you, that you have known for at least three (3) years.

Name	How Long acquainted	Telephone
Address	City, State	Zip
How do they know you?		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	How Long acquainted	Telephone
Address	City, State	Zip
How do they know you?		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	How Long acquainted	Telephone
Address	City, State	Zip
How do they know you?		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	How Long acquainted	Telephone
Address	City, State	Zip
How do they know you?		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	How Long acquainted	Telephone
Address	City, State	Zip
How do they know you?		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTACHMENTS**

All applicants will submit legible photocopies of the following documents:

- New York State EMT certification
- REMO Certification Card (ALS Providers only)
- CPR for Healthcare Providers Card
- ACLS Card (ALS Providers only)
- PALS Card (ALS Providers only)
- New York State Driver License
- Social Security Card
- Any other documents the applicant feels are pertinent to the position

**APPLICANT’S STATEMENT**

I certify that all information provided herein is true and complete to the best of my knowledge.

I hereby authorize Clifton Park Halfmoon Emergency Corp, Inc. to make any investigations of my criminal, motor vehicle, education, and employment histories or any other related affairs as may be necessary in arriving at an membership/employment decision. I also release all persons from liabilities in responding to inquires regarding my application.

In the event of membership/employment, I understand that upon discovery of false or misleading information in my application or during my employment interview, may result in my discharge. I also understand that I am required to follow all rules, regulations, policies, procedures, and job requirements of Clifton Park & Halfmoon emergency Corps, and that failure to do so may result in discharge.

In place of the original, I permit a copy of this statement to be used.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Number