

Seneca Area Emergency Services

Application for Membership / Volunteer

Full Name:		
Home Address:		
City:	State:	Zip:
Email Address:		

Current Employer:		
Home Phone:	Work Phone:	
Pager Phone:	Other Phone:	
Age:	Date of Birth:	Social Security Number:
Drivers License Number:	Expiration:	
Emergency Contact:	Phone Number:	

STUDENTS

School Presently Attending:	
Grade/Year:	Degree or Cert.

REFERENCES

Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:

WORK EXPERIENCE

Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:	Phone Number:
Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:	Phone Number:
Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name:	Phone Number:

Work Availability

Position Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual
Hours Available per Week:
Hours Each Week Not Available:

EMERGENCY SERVICES TRAINING

Please list all relevant EMS, Fire, and Public Safety training.

<u>Class</u>	<u>Date</u>	<u>Expires</u>	<u>Certification #</u>

Please list any additional affiliations here:

Who recommended you to Seneca?

Health, Mental Status, Physical Condition

Please answer the following truthfully, an affirmative answer is not necessarily terms for rejection.

Are you presently under a physicians care for any chronic or serous illness?

Yes No (If Yes Please Explain on Back)

Do you have any physical, mental, or sensory limitations or disabilities that may interfere with your ability to perform in a hazardous environment or severe working conditions?

Yes No (If Yes Please Explain on Back)

Do you now or have you ever had a problem with alcohol abuse or been a user of narcotics or other controlled substances?

Yes No (If Yes Please Explain on Back)

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program. These questions are applicable to Pennsylvania only.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?
Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?
Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A “Yes” answer will not necessarily disqualify you from employment.)

HEPATITIS B VACCINE

As a member of an emergency medical service, you are entitled to the Heptivac vaccine for Hepatitis B as our expense. Although you are not required to receive the vaccines, we strongly urge you to do so.

<input type="checkbox"/>	I wish to receive the vaccines	Initial:
<input type="checkbox"/>	I do NOT wish to receive the vaccines	Initial:
<input type="checkbox"/>	I have already received the vaccines	Initial:

Applicant's Statement and Agreement

- ❖ In order to serve as a crew member, an individual must be a minimum of 18 years of age and be certified in CPR/AED and have either an EMT-B or EMT-P certification
- ❖ During the 3 month training period, the member will be classified as a trainee and will participate in a training program. This program will orient the member to the policies and prepare them to function in an active capacity as a member of an ambulance crew.
- ❖ All trainees are obligated to follow our policies and attend regular monthly meetings and training sessions.
- ❖ New members and employees are considered probationary for a period of 3 months. Prior to being taken off the probationary member list, the member will be evaluated by the training supervisor for approval to be removed from probationary status. Probationary members and employees may be discharged from the service at any time.
- ❖ I voluntarily give Seneca Area Emergency Services the right to investigate the information given on this application and hereby release all parties listed supplying such information from any liability or responsibility.
- ❖ I understand that the confidentiality of the information will be maintained by Seneca Area Emergency Services.
- ❖ I hereby certify that I have answered all foregoing questions to the best of my ability and understand that misrepresentation will be considered grounds for rejection or dismissal from this service.

Signature of Applicant:	Date:
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