

## Allegany Rescue & EMS Inc Application for Membership

Date	-		
Name			
Street Address			
City	State	Zip Code	<u> </u>
Phone Number (home) SSN		(cell)	Cell Phone Provider
Email Address			Date of Birth
Position applying for			
Driver EMS Assistant	ЕМТ-В	_ AEMT/AEMT-CC	AEMT-P
Drivers License Number		State Class	Expiration Date
NYEMT Number		Expiration Dat	e
Currently belong to Fire or EMS	Agency? Yes,	/No, if yes, Where	
Prior EMS Experience? Yes/ No,	if yes Numbe	er of years W	here
Prior Ambulance Driving Experie	ence? Yes/No	, if Yes Where	
Contact information for current,	/previous EM	IS or FD agency Capt/Ch	ief
Phone Number		Address	
Have you ever been suspended explain			eges suspended? Yes/No, if yes please
Have you ever been convicted o when, and the charge convicted		anor or felony? Yes/No,	if yes, where (Court convicted in),

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High School graduated from		
College or Trade School		
Current Employer	<del></del>	
Address		
Job Title		
Character References		
Name	Address	
Phone Number	Best time/day to reach reference	
Name	Address	
Phone Number	Best time/day to reach reference	
Members are expected to atter expected to attend monthly tra Training begins at 1800, meeting	d a minimum of 5% of ambulance calls and standby ning and meetings which are generally held the last follows at 1900.	s. Members are also t Sunday of each month.
A background check will be run	• •	
Certain positions require physic Applicants, if accepted, are accepted.		
Applicants, il accepted, are acc	ned as probationary members.	
I certify that my answers are trumisleading information in my a	e and complete to the best of my knowledge. I und plication may result in my membership being denic	derstand any false or ed.
Signature	Date	
Mail completed application to :		
Allegany Rescue and EMS		
P.O Box 217		
Allegany, NY 14706		