



Avon Rotary-Lions Ambulance Service, Inc.

5582 Lake Rd
Avon, NY 14414

Phone: 585-226-8876
Fax: 585-226-9072

APPLICATION FOR MEMBERSHIP

Date: ___/___/___

Name: _____ Date of Birth: ___/___/___
Last First M.I

Address: _____

City/State: _____ Zip: _____

Phone: () _____

Email Address _____

Are you a citizen of the United States? Y / N If no, are you authorized to work in the U.S.? Y / N

Have you ever been convicted of a felony? Y / N (conviction of a crime does not automatically preclude you from employment)

Have you ever been a member of ARLAS in the past? N / Y, When _____

Did you leave on good terms? _____

Position Applying for: "ALS "BLS "DRIVER "OTHER

When are you generally able to work? 0000-0800 "" 0800-1600 "" "1600-0000 "" "Other

How many hours are you looking for in a week? _____

Is it ok for ARLAS to conduct a criminal background check on you? Y / N

Are there any physical restrictions or unusual circumstance that would restrict your ability to perform your duties while working with ARLAS? Y / N

If yes, please explain _____

DRIVING RECORD

Do you have a valid Driver's License? Y / N

Is it ok for ARLAS to conduct a DMV check on you? Y / N

State of Licensure: _____ Driver's License #: _____ - _____ - _____ Date of expiration ___/___/___

List any moving violations you've had in the past 2 years

List any chargeable accidents you had in the past 3 years

EDUCATION

High School: _____ Address: _____

Years attended: _____ Did you graduate? Y/ N

College: _____ Address: _____

Years attended: _____ Did you graduate? Y/ N Degree received: _____

Other: _____ Address: _____

Years attended: _____ Did you graduate? Y / N Degree received: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Pay Rate: _____ Dates Employed: _____

Reason for leaving: _____

Can we contact your old supervisor? Y / N If no, why? _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Pay Rate: _____ Dates Employed: _____

Reason for leaving: _____

Can we contact your old supervisor? Y / N If no, why? _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Pay Rate: _____ Dates Employed: _____

Reason for leaving: _____

Can we contact your old supervisor? Y / N If no, why? _____

PLEASE ATTACH COPIES OF ALL CURRENT CERTS THAT YOU HAVE, AND RESUME IF YOU HAVE ONE.

REFERENCES

References should be individuals whom you've known for at least 2 years

ARLAS may contact your references in regards to your application at any time after submission of this application.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

E-mail: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

E-mail: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

E-mail: _____

If accepted into membership of Avon Rotary-Lions Ambulance Service (ARLAS), I understand I must abide by the rules and regulations of the service or my membership will be terminated.

I certify, to the best of my knowledge, all the information in this application is true and complete. I also understand that if the information I have supplied is found to be inaccurate I would be subject to termination from ARLAS.

SIGNATURE: _____ DATE: ____/____/____

OFFICE USE ONLY

DATE RESUME RECEIVED: ____/____/____

DATE REVIEWED BY OPERATIONS ____/____/____

DATE OF INTERVIEW ____/____/____

DATE ACCEPTED ____/____/____

DATE OF HIRE ____/____/____

COMMENTS:



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DISCLOSURE AND RELEASE

In connection with my application for employment with Avon Rotary-Lions Ambulance Service (ARLAS). I hereby authorize ARLAS to investigate my employment history as well as court records, criminal history, and driving records. I also authorize ARLAS to contact my references and any further investigation deemed necessary in connection with my application.

This authorization shall remain on file and shall serve as ongoing authorization for ARLAS to procure any and all criminal records and Motor Vehicle Reports at any time during my employment.

Print Name

Time/Date

Signature

Social Security

Driver's License Number and Expiration



LIVINGSTON COUNTY SHERIFF'S OFFICE

REQUEST FOR BACKGROUND CHECK

Subject Individual

Name: _____
(Last) (First) (Middle)

Address: _____
(Number, Street) (City) (State) (Zip)

Social Security # _____ - _____ - _____ Telephone # (____) _____ - _____

DOB: ____ / ____ / ____ Date of Request: ____ / ____ / ____

By signing this, I hereby authorize the Livingston County Sheriff's Office to release any arrests made by the Livingston County Sheriff's Office to the below listed organization.

Signature _____

Requesting Organization

Name of Organization: _____

Address: _____
(Number, Street) (City) (State) (Zip)

Telephone # (____) _____ - _____

Name of Requestor: _____ Position: _____

Record of Conviction(s)/Arrest(s)

For Departmental Use Only

Date	Conviction	Court

Check Completed by: _____

Position: _____ Date ____ / ____ / ____