



Dear Prospective Applicant,

Thank you for your interest in becoming a member of the Clifton Park & Halfmoon Emergency Corps.

We are an organization committed to premier patient care and successful, integrated community partnerships. Every member of Clifton Park & Halfmoon Emergency Corps (CPHM) makes a commitment to our values of integrity, compassion, respect, innovation, and safety. We aspire to be a pioneering EMS agency, one whom encourages and supports continued education and clinical excellence for our members.

CPHM also offers many services to the community in addition to providing premier patient care. Some of our programs include community CPR classes, blood pressure clinics, car seat installations and education, and academic scholarships for graduating high school seniors.

If you are interested in placing an application with our agency, please complete and submit the following documents:

- A membership application
- A copy of your resume and/or cover letter may be helpful
- If applicable, please attach any required documents such as EMS and CPR certifications.

In addition to the membership application, a copy of the *New York State Department of Health Functional Position Description* and minimum requirements can be found on our website. Please take a moment to review the requirements and be sure that you will be able to meet them. If you are seeking a volunteer position, the age and NYS DOH certification requirements of the *Functional Position Description* may not apply.

After your membership application and supporting documents have been received, our Directors and Human Resources staff will review the application and contact you for an interview as positions become available. Your resume and documents will be kept on file for 6 months.

Thank you very much for your interest in becoming a member of Clifton Park & Halfmoon Emergency Corps, and we look forward to meeting with you. If you have any questions, please feel free to contact us!

Sincerely,

*Alan Bell*

Executive Director



# Clifton Park & Halfmoon Emergency Corps Inc.

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



## APPLICATION FOR MEMBERSHIP

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

### CONTACT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Address (if different): \_\_\_\_\_

Phone (Preferred): \_\_\_\_\_  Home  Mobile

Phone (Secondary): \_\_\_\_\_  Home  Mobile

E-Mail Address: \_\_\_\_\_

### POSITION DESIRED

#### Volunteer:

- Paramedic                       EMT-Basic                       Non-responding / Support Role
- Junior Member (16-18yr old)                       \_\_\_\_\_

#### Career/Paid Staff:

- Paramedic                       EMT-Basic                       \_\_\_\_\_
- Full Time (36hr/wk)     Half Time (24hr/wk)     Part Time (12hr/wk)     Per Diem (minimum 12hr/mo)

When can you start? \_\_\_\_\_

Have you ever filed an application with us before?  No  Yes      Date \_\_\_\_\_

### EMS EDUCATION AND TRAINING

Current Level of Certification:  CFR     EMT-B     EMT-I     EMT-CC     EMT-Paramedic

New York State Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Location of Initial **Basic** Training: \_\_\_\_\_

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Location of Initial **Advanced** Training: \_\_\_\_\_

Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_

Location of Most Recent EMT or AEMT Refresher: \_\_\_\_\_

Dates: \_\_\_\_\_ Instructor: \_\_\_\_\_

Initial Date Placed On-Line in REMO (Paramedics): \_\_\_\_\_ REMO# \_\_\_\_\_

EMS Agency Placed On-Line with: \_\_\_\_\_

## FORMAL EDUCATION

School	Address	Type Diploma Received
High School		
College		
Other		

## EMPLOYMENT HISTORY

*Beginning with your current employer, please list up to three (3) consecutive employers.*

Job Title		Date Started	Date Left
Employer	Supervisor		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending/Current Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title		Date Started	Date Left
Employer	Supervisor		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending/Current Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title		Date Started	Date Left
Employer	Supervisor		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Duties			
Reason for Leaving			
Starting Pay	Ending/Current Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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

## CRIMINAL HISTORY

Have you ever been convicted of a crime other than a misdemeanor violation?

Yes

No

*(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 five (5) years

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

## EMS EXPERIENCE

*Beginning with your current EMS Agency, list up to three (3) consecutive places of service*

Job Title		Date Started	Date Left
Employer	Supervisor		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		Phone
Address			
Hours per week worked		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief Description of Duties			
Reason for Leaving		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## OFFICE OF INSPECTOR GENERAL (OIG) EXCLUSION

Have you or an affiliated organization appeared on the OIG List of Excluded Individuals and Entities?  Yes  No  
*(Excluded from Federal health care program participation due to, but not limited to, conviction of Medicare/Medicaid fraud; patient abuse or neglect; felony convictions for other health care-related fraud.)*

## COMMUNITY SERVICE / VOLUNTEER EXPERIENCE

Please list attach additional pages, if necessary, to document experience

Organization		Date(s) of Service	
Address	Supervisor	Phone	
Brief Description of Service			
Hours served in this function		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Organization		Date(s) of Service	
Address	Supervisor	Phone	
Brief Description of Service			
Hours served in this function		Can you provide verification of experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL REFERENCE

List three (3) personal references, not living with you or family, that you have known for at least three (3) years.

Name	How long acquainted	Phone	
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

Please submit legible photocopies of the following documents:

- New York State EMT certification
- CPR for Healthcare Providers Card
- REMO Identification Card (*ALS Providers only*)
- ACLS Card (*ALS Providers only*)
- PALS Card (*ALS Providers only*)
- 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 a 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.

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Signature of Applicant

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Date

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Printed Name of Applicant