

## Southern Berkshire Volunteer Ambulance Squad, Inc. Application for Membership

Southern Berkshire Volunteer Ambulance Squad, Inc. (hereinafter, "SBVAS") is an Equal Opportunity Employer and does not discriminate on the grounds of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of ambulance service or in employment practices. Please complete this application accurately and thoroughly using an ink pen. Your application for employment will be considered by the Membership Committee. Records containing personal data are kept as required by Massachusetts Privacy and Confidentiality Regulations. This information will only be viewed by personnel making hiring recommendations and decisions, and bookkeeping personnel. During this time period, your employment history and skills will be reviewed and evaluated by our staff. Your application is our main source of information concerning your qualifications, but our receipt of your completed application does not imply that you will be hired by us. Please do NOT attach a resume.

Last Name			First Name			Middle Initial		
Address (physical)				Address (mailing)				
Town/City		State	Zip	Town/City		State	Zip	
Home telephone			Work telephone			Cell telephone		
Social Security Number			Date of Birth		E-mail address			

*(This number will be used for tax purposes and will be provided only to those parties preparing financial and tax information for SBVAS, as well as to Employee Health at Fairview Hospital for your immunization data. Furnishing your Social Security Number is optional if you intend to perform only uncompensated volunteer work and do not intend to be paid at any point in time during your service at SBVAS.)*

Are you over 18 years of age?  Yes  No

Are you legally entitled to work in the U.S.?  Yes  No

In case of emergency, notify:

Name		Home Telephone		Work Telephone		
Address			Town/City		State	Zip

### **Training and Education**

Emergency Training:  None  CPR  CPR + AED  First Responder  Student EMT  
 EMT – Basic  EMT – Intermediate  EMT – Paramedic  EMT – other \_\_\_\_\_  
 other training: \_\_\_\_\_

***Please attach copies of all licenses and certifications.***

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

**Current Employment** *(if you so wish, you may include any verified work performed on a volunteer basis.)*

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Employer name \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Title of position held: \_\_\_\_\_

List your principle duties or responsibilities: \_\_\_\_\_

Work hours: Monday-Friday \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Is there any reason that we may not inquire of your present employer or prior employers?  Yes  No.

If yes please, please explain: \_\_\_\_\_

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Would you be able to leave work for an ambulance call?  Yes  Sometimes  No

Would you be able to do back-up calls in addition to your regular call?  Yes  Sometimes  No

Shifts are twelve hours, from 6 to 6. You do NOT have to pull call every week, but will be assigned to a night team during your introductory period.

Can you make the 12-hour time commitment required?  Yes  No

Please let us know what evenings you are unavailable:  Mon  Tue  Wed  Thur  Fri  Sat  Sun *This helps in planning the schedule.*

Please discuss why you are interested in joining SBVAS. \_\_\_\_\_

Please list two personal references (not living with you) and one professional reference to whom we may send reference requests. **Please do not list relatives.** Individuals with no prior work experience may list school or volunteer-related references. These references should be individuals who can judge your ability to perform as a SBVAS employee/member.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**History**

*"An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution." (M.G.L. c 276 §100A)*

No applicant shall be required to furnish any information of his or her first arrest for any misdemeanor or felony which did not result in a conviction, unless court action is pending, nor shall such applicant be required to furnish information on any complaint which was dismissed for want of prosecution or which resulted in the case being continued without a finding for a certain period of time and then dismissed, or which resulted in a finding or verdict of not guilty, nor shall such applicant be required to furnish any information of arrests for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; provided, that the date of disposition of said offenses was five years or more prior to the filing of said application; and that no applicant shall be required to furnish any information concerning any conviction of a misdemeanor which occurred more than five years prior to the date of such application for employment unless the applicant was sentenced to imprisonment upon conviction of such misdemeanor, or such individual has been convicted of any offense within five years of such date.

Have you been convicted of a felony within the last five years?  Yes  No  No Record  
(If "yes," give dates and details of convictions) \_\_\_\_\_

Have you been convicted of a misdemeanor within the last five years?  Yes  No  No Record  
(If "yes," give dates and details of all misdemeanors for which you have been convicted) \_\_\_\_\_

Has your right to operate a motor vehicle ever been revoked or suspended?  Yes  No  
(If yes, give date and details of circumstances): \_\_\_\_\_

Present/past EMT's only: Has your EMT certification or licensure ever been suspended or revoked?   
Yes  No  
(If "yes," give date and details of circumstances): \_\_\_\_\_

Have you ever been a member of another ambulance squad or a fire department, but are no longer?  
(If you are currently a member of another squad or department, answer "no" to this question)  Yes   
No  
If yes, which Ambulance Squad(s) or Fire Department(s) did you belong to? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Please read the following carefully and sign.**

I give permission to SBVAS to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that falsification; misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I agree to be photographed by SBVAS following employment. Further, I give SBVAS permission to keep in its custody certain information required by the Massachusetts Department of Public Health, including copies of my CPR card, driver's license, and EMT card (if applicable).

Under the Americans with Disabilities Act, an employer may not conduct a medical examination until after a conditional job offer has been made. Once an offer is made, medical examinations may be required; provided the examinations are limited to determining whether the prospective employee, with

reasonable accommodation, is capable of performing the essential functions of the job, and provided examinations are required for other entering employees in that job category. Employers may ask about an applicant's ability to perform specific job functions. All personnel considered by SBVAS, whether observers, drivers, or EMT's, must have a driver's license, be able to lift 100 pounds without assistance, execute movements reasonably required to perform a physical assessment, and provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required include the performance of CPR, application of pressure to stop bleeding, and the manual taking of a blood pressure. Do you have any physical disabilities that would prevent you from performing your duties?

Yes  No (If yes, please explain): \_\_\_\_\_

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I understand that SBVAS does not tolerate the use of non-prescribed drugs or alcohol during work hours. Employees who work at SBVAS may be asked periodically to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. Due to the random nature of testing, however, not every SBVAS employee will necessarily be asked to submit to drug testing. Before being asked to submit to a drug test, the employee will receive written notice of the request and testing requirements. SBVAS will pay the cost of any drug testing that it requests, including retesting of confirmed positive results. The use of drugs may result in termination.

SBVAS does not make use of polygraph testing. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment; an employer who violates this law shall be subject to criminal penalties and civil liability.

In the event of resignation or termination, I agree to return all SBVAS property loaned to me such as identification badges, uniforms, pagers, radios, books, videos, etc. If these items are not returned, I agree that SBVAS may withhold from any final compensation due me, monies to cover the value of any unreturned property, and that SBVAS may seek legal redress in order to recover such property.

In the event of my employment by SBVAS, I agree to comply with all federal, state, and SBVAS rules, regulations, policies, and procedures as they may change from time to time. I understand that neither this employment application nor any other SBVAS document constitutes a personal contract of employment. I further understand that my employment is for no stated term and may be terminated at will by me or by SBVAS. In the event that I decide to leave SBVAS, I agree to give two weeks' advance written notice of resignation and I understand that if I fail to do so, I will not be entitled to certain benefits which I would otherwise receive.

I give permission to SBVAS to conduct a check in order to authenticate any or all of the data on this application.

My signature below indicates that I swear or affirm that the information contained on this application is true and correct to the best of my knowledge, and that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for SBVAS to request any information concerning my application.

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Applicant's signature

Date