

<b>GENERAL INFORMATION</b>	Thank you for applying for employment with the Olive First Aid Unit, Inc. Please answer each question fully and accurately. If additional space is required attach a separate sheet of paper. The Olive First Aid Unit, Inc is an equal opportunity agency and, as such, recruit, and otherwise treat individuals without regard to their race, color, creed, national origin, age, sex, religion, marital status, or to the extent that it does not impair their ability to meet the requirements of the assigned duties, their mental or physical disability.			
<b>Personal Information</b>	Last Name:	First Name:	Middle Initial	Sex: M F
	Present Street Address		City:	State: Zip Code
	Permanent Street Address:		City:	State: Zip Code
	Home phone:	Work phone:	Cell phone:	
	Email address:			
	Do you have a valid driver's license? YES NO If yes, please include a photocopy If yes, Drivers License Number: State Expiration / /			
	Do you have any restrictions on your driver's license? YES NO If yes, list restrictions:			
	Have you had any accidents or moving violations in the past four (4) years? YES NO If yes, please list:			
Have you ever been convicted of a crime? YES NO If yes, provide particulars:				
<b>General Information</b>	How were you referred to the Olive First Aid Unit, Inc? (friend, relative, brochure, membership drive, training class, etc? - If referred by an Olive First Aid Unit member include their name)			
	When would you be available to begin work with the Olive First Aid Unit?			
	Please list any areas of special interest or training/skills: (use a separate sheet of paper)			
	Why do you want to work for the Olive First Aid Unit, Inc.?			
	If you are available for a limited period of time include the specific dates: / / to / / i.e. school semester, summer only			
<b>Status Certification</b>	Status applying for (check all that apply):			
	Certification held (attach photocopy of certification with application)			
	_____ Basic First Aid/CPR/AED		_____ NYS Certified First Responder	
_____ NYS Emergency Medical Technician		_____ NYS Paramedic		
<b>Employment</b>	Employer:	Phone:	May we contact? Y N	
	Street address:	City:	State:	Zip:
	Job title:	Supervisor:		
	Dates employed:	Reason for leaving:		
	General work days: M T W Th F Sa Su	General work hours: _____ AM/PM to _____ AM/PM		
	Employer:	Phone:	May we contact? Y N	
	Street address:	City:	State:	Zip:
	Job title:	Supervisor:		
	Dates employed:	Reason for leaving:		
	General work days: M T W Th F Sa Su	General work hours: _____ AM/PM to _____ AM/PM		
	Employer:	Phone:	May we contact? Y N	
	Street address:	City:	State:	Zip:
	Job title:	Supervisor:		
	Dates employed:	Reason for leaving:		
	General work days: M T W Th F Sa Su	General work hours: _____ AM/PM to _____ AM/PM		

<b>EMS Experience</b>	Do you have previous EMS experience?      YES      NO      If yes, please complete this section			
	Agency:		Dates of service: ____/____/____      to      ____/____/____	
	Position:		Reason for leaving:	
	Supervisors name:		Telephone number:	
	Agency:		Dates of service: ____/____/____      to      ____/____/____	
	Position:		Reason for leaving:	
Supervisors name:		Telephone number:		
<b>Personal References</b>	Name:		Phone number:	E-mail address:
	Street address:		City:	State:      Zip:
	Years known:	Relationship (supervisor, friend, etc.)		Best time to contact:
	Name:		Phone number:	E-mail address:
	Street address:		City:	State:      Zip:
	Years known:	Relationship (supervisor, friend, etc.)		Best time to contact:
	Name:		Phone number:	E-mail address:
	Street address:		City:	State:      Zip:
Years known:	Relationship (supervisor, friend, etc.)		Best time to contact:	
<b>Affidavit</b>	<p>In signing this application, I certify that all the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for immediate dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from liability in connction with the provision and use of such information.</p> <p>I understand and agree that, if I become an employee of this organization, I will abide by its rules and regulations and by-laws which I understand, are subject to change.</p>			
	_____		_____/_____/____	
	Applicants Signature		Date	