



Warrensburg Emergency Medical Services, Inc.

P.O. Box 157, Warrensburg, NY 12885

Ph. 518-623-4911 / info@warrensburgems.org

Application for Membership/Employment
Date of Application: _____

Basic Information:

First Name: _____ Middle Name: _____

Last Name: _____ DOB: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Years There: _____ Cell Phone: _____

Email: _____ SSN: _____

Background Information:

Have you ever received a driving infraction?

(Circle One) YES NO If yes, please explain: _____

Have you ever been convicted of a crime other than you have listed above?

(Circle One) YES NO If yes, please explain: _____

Are you currently or have you ever been investigated for any action or failure to act as a healthcare provider?

(Circle One) YES NO If yes, please explain: _____

Have you ever had any certification revoked or suspended?

(Circle One) YES NO If yes, please explain: _____

Are you currently or have you ever been a member or employee of an ambulance service, law enforcement agency or fire department?

(Circle One) YES NO If yes, please provide the name of the organization(s), dates of membership, your status within the agency, and the address of the agency: _____

References:

Please provide three references and include their full name, employer, position at that employer, home address and phone number:

Along with this complete application please include a resume, a copy of your driver's license, a copy of any certifications or licenses you currently hold, your vaccinations and completed KEENA Staffing paperwork if you wish to be a paid staff member.

Authorization of Background Check:

I, _____ understand that this application is for membership at Warrensburg EMS and I authorize said corporation to obtain background information including but not limited to criminal background checks, medical records, education records and verification of employment. I understand that this information will be safeguarded from unauthorized disclosure, and I attest to the truthfulness and accuracy of the information that I have provided on this application for membership or employment.

Applicant Signature: _____

Authorization for Junior Membership:

(Only complete this section if the applicant is younger than age 18.)

I, _____ (Parent/Legal Guardian) give consent for my child (applicant listed above) to become a Junior Member at Warrensburg EMS. I also authorize said corporation to obtain background information including but not limited to criminal background checks, medical records, education records and verification of employment. I understand that this information will be safeguarded from unauthorized disclosure, and I attest to the truthfulness and accuracy of the information that my child has provided on this application for membership.

Parent/Guardian Signature: _____

Relationship to Applicant: _____