



Western Turnpike Rescue Squad, Inc.

200 Centre Drive, Albany, New York 12203
(518) 456-3600 FAX (518) 862-0843

Dear Applicant:

Thank you for your interest in joining Western Turnpike Rescue Squad. Enclosed you will find an employment application and three reference forms.

Please fill out the application and return it either by mail or in person to the above address Monday through Friday. Also, please include a photocopy of your driver's license, social security card, and all certification cards.

Please give the enclosed reference forms to three different people. At least one reference should be professional and one reference personal. Please give these people a stamped envelope and have them mail it directly to the attention of the Chief of Operations at the above address.

Again, thank you for your interest in our agency and we look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Klugo".

Michael Klugo
Acting Chief of Operations

Application for Employment

Western Turnpike Rescue Squad, Inc.

Federal and State Laws Prohibit Discrimination in Employment Because Of Sex, Race, Age, Color, Religious Creed, or National Origin. Western Turnpike Rescue Squad Subscribes To These Principles And Will Not Discriminate Based On The Above Listed Criteria.

DATE OF APPLICATION: _____

Personal Information

A. Name: _____
Title Last First Middle

B. Local Address: _____
Number Street Apt Number

City State Zip Code

C. Telephone Number: _____ **D. Time Best To Call You** _____ **AM/PM**

RESTRICTIONS

Due to our insurance carrier's policies, employment is restricted to adults who are 21 years or older. If you are less than 21 years old but are still interested in WTRS, please contact our Chief of Operations to find out about volunteering.

D. Are You At Least 21 Years Old? YES _____ NO _____

Employees of Western Turnpike Rescue Squad provide emergency medical care in the field. To provide EMS as an employee of WTRS, one must be able to drive an ambulance under emergency conditions regardless of the weather, treat a variety of patients who may have "repulsive" injuries, lift and carry those patients over tough terrain including up and down steep inclines or stairs. The New York State Department of Health functional job description of an EMT, which has been adopted by WTRS, is attached.

E. After Reading the Functional Job Description,

Are You Physically and Mentally Able To Perform The Duties Of An Employee?

YES _____ NO _____

If you need some accommodation in order to perform EMS related functions, Please indicate what accommodations are necessary on an attached sheet of paper. Being physically challenged WILL NOT automatically disqualify you from consideration as an active member if you can perform the tasks with a reasonable accommodation.

SITUATION DESIRED

Western Turnpike Rescue Squad provides Emergency Medical Services 24 hours per day, 7 days per week. This is done through the collaborative efforts of both the paid staff and the volunteer staff. Currently, paid staff provides EMS coverage for the agency between the hours of 6:00 a.m. and 6:00 p.m. Monday through Friday.

F. Please Specify Which Days And Times You Are Available For Duty.

1. _____
 Day of Week **Times**

2. _____
 Day of Week **Times**

3. _____
 Day of Week **Times**

4. _____
 Day of Week **Times**

5. _____
 Day of Week **Times**

G. Date When You Can Start? _____

H. Do You Have a Valid Driver's License? YES _____ NO _____

NEW YORK STATE # _____

Western Turnpike Rescue Squad requires that all applicants submit their New York State driver's license number and complete and sign the attached authorization for WTRS to obtain a copy of your driving record.

BACKGROUND

Please complete the following information.

I. Education

Highest Grade COMPLETED Grade School 8-9-10-11-12 College AS BS/BA MS PhD

Name of LAST School Attended _____

J. Healthcare Experience

Are you or have you been a healthcare professional other than EMT? YES _____ NO _____

Are you or have you been:

LVN/LPN _____ RN/ RNP _____ PA _____ MD _____

RRT _____ OT/PT _____ ORT _____ NA / PCA _____

Please list any healthcare training that you have that feel may be applicable to this situation.

Feel Free To Make Attachments

K. Emergency Medical Services Training

Please indicate the HIGHEST level of training you have.

CPR Trained YES _____ NO _____

NYS Emergency Medical Technician, Number _____ Expiration _____

Have you been an EMT in another state? YES _____ NO _____ Which One? _____

Are you Nationally Registered? YES _____ NO _____ What Level? _____

NYS Advanced EMT - INTERMEDIATE _____ CRITICAL CARE _____ PARAMEDIC _____
(If you are an AEMT please complete the EMT line above.)

EMERGENCY MEDICAL SERVICES EXPERIENCE

L. Employment

The following information is in reference to your present job.

Name of Company _____

Your Job Title _____ Date you started _____ 19____

Your Supervisors Name MR / MRS/ MS _____ Phone _____

CAN WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

The following information is in reference to your previous employment. If not EMS related, please list it anyway.

1. EMS Service Name _____

{Commercial / Volunteer / Fire Service / Municipal} Start Date _____ End Date _____
(Circle One)

Name of Immediate Supervisor MR/ MRS/ MS _____ Phone _____

2. EMS Service Name _____

{Commercial / Volunteer / Fire Service / Municipal} Start Date _____ End Date _____
(Circle One)

Name of Immediate Supervisor MR/ MRS/ MS _____ Phone _____

3. EMS Service Name _____

{Commercial / Volunteer / Fire Service / Municipal} Start Date _____ End Date _____
(Circle One)

Name of Immediate Supervisor MR/ MRS/ MS _____ Phone _____

M. AFFIRMATION TO THE WESTERN TURNPIKE RESCUE SQUAD, Inc.

Applicant's Statement

Name _____
Please Print Your Name and then Write Your INITIALS

I understand that my membership with the Western Turnpike Rescue Squad, Inc. will on a six (6) month introductory basis. As a probationary member of the Western Turnpike Rescue Squad, Inc. I agree to abide by its rules and regulations. Furthermore, I understand that my membership can be terminated at once by either party with or without cause. _____

Initials

I further state that the information listed on my application is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for my immediate dismissal. _____

Initials

I agree to take a physical examination at any time, at the request of Western Turnpike Rescue Squad, Inc. and at no personal expense to me, and agree that the examining physician may disclose the findings, in accordance to law and regulations, to the Western Turnpike Rescue Squad, Inc. _____

Initials

I do affirm that I have no conditions that would preclude me from safely and effectively performing all of the functions of an active member of Western Turnpike Rescue Squad, Inc. _____

Initials

Furthermore I do affirm that I have not been convicted nor am I currently charged with any crime(s) related to: murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs. (10NYCRR-800.6F) _____

Initials

I affirm that the above statements are true and accurate,

Applicant's Signature Applicant's Initials Date of Application

This statement may be photocopied for background investigation.

WESTERN TURNPIKE RESCUE SQUAD, Inc.
PROFESSIONAL REFERENCE

APPLICANT NAME _____

REFERENCE NAME: _____ PHONE NUMBER _____

Please be sure to give both this form and the envelope to your recommender.

To the Recommender,

The person whose name appears above is applying for membership in the Western Turnpike Rescue Squad, Inc. In considering applicants we typically find that a recommendation which presents a carefully considered view of the applicant's abilities and attributes to be very helpful.

This form is provided for your convenience only. Please feel free to either replace or attach comments in whatever format you feel think suitable. Please return your recommendation in the envelope provided after first sealing the envelope and signing your name on the flap.

On behalf of the membership of Western Turnpike Rescue Squad, Inc., thank you for your anticipated cooperation.

Sincerely,

Michael Klugo
Acting Chief of Operations

A) Please check one of the following boxes to indicate the degree of your overall evaluation of this applicant. Your responses are **CONFIDENTIAL** and **WILL NOT** be shared with the applicant.

I would _____ the above listed applicant for membership in the Western Turnpike Rescue Squad, Inc.

- Strongly Recommend
- Recommend
- Recommend with Reservations.
- Do Not Recommend

Your Name Printed

Signature

Date

May We Contact You In Reference To This Applicant YES _____ NO _____

PLEASE COMPLETE THE NEXT PAGE, THANK YOU.

WESTERN TURNPIKE RESCUE SQUAD, Inc.

PROFESSIONAL REFERENCE

1. How long have you known the applicant? _____ Years

2. In what capacity? _____

3. Please rate the applicant on the scale below.

	TOP 10%	TOP 1/3	MIDDLE 1/3	BOTTOM 1/3	UNABLE TO JUDGE
--	---------	---------	------------	------------	-----------------

A. Maturity	_____	_____	_____	_____	_____
B. Communication Skills ORAL / SPOKEN	_____	_____	_____	_____	_____
C. Communication Skills WRITTEN	_____	_____	_____	_____	_____
D. Ability to Work with OTHERS	_____	_____	_____	_____	_____
E. Ability to accept SUPERVISION	_____	_____	_____	_____	_____
F. Leadership ABILITY	_____	_____	_____	_____	_____
G. Seriousness of PURPOSE	_____	_____	_____	_____	_____
H. Reliability DEPENDABILITY	_____	_____	_____	_____	_____

PLEASE INDICATE YOUR EXPERIENCE / KNOWLEDGE OF THE APPLICANT

	Frequently	Occasionally	Rarely	Never	Unable to Judge
I. Seems Withdrawn	_____	_____	_____	_____	_____
J. Seems Depresses	_____	_____	_____	_____	_____
K. Outbursts of Anger	_____	_____	_____	_____	_____
L. Conflicts with FAMILY	_____	_____	_____	_____	_____
M. Conflicts with OTHERS	_____	_____	_____	_____	_____
N. Acts in physical VIOLENT MANNER	_____	_____	_____	_____	_____
P. Made a suicidal GESTURE/THREAT	_____	_____	_____	_____	_____
Q. Got Arrested/ Charged With CRIME	_____	_____	_____	_____	_____
R. Abuses any DRUG /ALCOHOL	_____	_____	_____	_____	_____

WESTERN TURNPIKE RESCUE SQUAD, Inc.
PERSONAL REFERENCE

APPLICANT NAME _____

REFERENCE NAME: _____ PHONE NUMBER _____

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Your Name Printed

Signature

Date

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--	---------	---------	------------	------------	-----------------

- | | | | | | |
|--|-------|-------|-------|-------|-------|
| A. Maturity | _____ | _____ | _____ | _____ | _____ |
| B. Communication Skills
ORAL / SPOKEN | _____ | _____ | _____ | _____ | _____ |
| C. Communication Skills
WRITTEN | _____ | _____ | _____ | _____ | _____ |
| D. Ability to Work with
OTHERS | _____ | _____ | _____ | _____ | _____ |
| E. Ability to accept
SUPERVISION | _____ | _____ | _____ | _____ | _____ |
| F. Leadership
ABILITY | _____ | _____ | _____ | _____ | _____ |
| G. Seriousness of
PURPOSE | _____ | _____ | _____ | _____ | _____ |
| H. Reliability
DEPENDABILITY | _____ | _____ | _____ | _____ | _____ |

PLEASE INDICATE YOUR EXPERIENCE / KNOWLEDGE OF THE APPLICANT

- | | Frequently | Occasionally | Rarely | Never | Unable to Judge |
|--|------------|--------------|--------|-------|-----------------|
| I. Seems Withdrawn | _____ | _____ | _____ | _____ | _____ |
| J. Seems Depresses | _____ | _____ | _____ | _____ | _____ |
| K. Outbursts of Anger | _____ | _____ | _____ | _____ | _____ |
| L. Conflicts with
FAMILY | _____ | _____ | _____ | _____ | _____ |
| M. Conflicts with
OTHERS | _____ | _____ | _____ | _____ | _____ |
| N. Acts in physical
VIOLENT MANNER | _____ | _____ | _____ | _____ | _____ |
| P. Made a suicidal
GESTURE/THREAT | _____ | _____ | _____ | _____ | _____ |
| Q. Got Arrested/ Charged
With CRIME | _____ | _____ | _____ | _____ | _____ |
| R. Abuses any
DRUG /ALCOHOL | _____ | _____ | _____ | _____ | _____ |

WESTERN TURNPIKE RESCUE SQUAD, Inc.
PERSONAL / PROFESSIONAL REFERENCE

APPLICANT NAME _____

REFERENCE NAME: _____ PHONE NUMBER: _____

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- Do Not Recommend

Your Name Printed

Signature

Date

May We Contact You In Reference To This Applicant YES _____ NO _____

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PERSONAL / PROFESSIONAL REFERENCE

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--	---------	---------	------------	------------	-----------------

- | | | | | | |
|--|-------|-------|-------|-------|-------|
| A. Maturity | _____ | _____ | _____ | _____ | _____ |
| B. Communication Skills
ORAL / SPOKEN | _____ | _____ | _____ | _____ | _____ |
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WRITTEN | _____ | _____ | _____ | _____ | _____ |
| D. Ability to Work with
OTHERS | _____ | _____ | _____ | _____ | _____ |
| E. Ability to accept
SUPERVISION | _____ | _____ | _____ | _____ | _____ |
| F. Leadership
ABILITY | _____ | _____ | _____ | _____ | _____ |
| G. Seriousness of
PURPOSE | _____ | _____ | _____ | _____ | _____ |
| H. Reliability
DEPENDABILITY | _____ | _____ | _____ | _____ | _____ |

PLEASE INDICATE YOUR EXPERIENCE / KNOWLEDGE OF THE APPLICANT

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| I. Seems Withdrawn | _____ | _____ | _____ | _____ | _____ |
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DRUG /ALCOHOL | _____ | _____ | _____ | _____ | _____ |

