



Broome Volunteer Emergency Squad

PO BOX 599 * Binghamton, New York 13902
 Buisness (607) 772-6565 * Fax (607) 772-7154

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Social Security Number		Date of Birth	
Mailing Address							
City, State, and Zip Code							
Telephone				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Volunteer	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	



Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Volunteer Experience				
Military				
Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date	
Specialty				



Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	End Date
City, State, and Zip Code =		
Phone number	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	End Date
City, State, and Zip Code		
Phone number	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	End Date
City, State, and Zip Code		
Phone number	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

Please attach copies of your certifications, if any

Certification	Certification Number	Expiration Date

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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Disclosure and Release

In connection with my application for membership or employment (including contract for services with Broome Volunteer Emergency Squad), I hereby understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions, and revocations.

I, _____, authorize without reservation any party or agency to furnish the above-mentioned information.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the name and substance of all information as well as the recipients of any reports on me which the agency has previously furnished within the two (2) year period preceding my request.

This Authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership, or contact period.

Print	
Signature	Date

ADMINISTRATION USE ONLY:	
Application Received By: _____	Date: _____
Application Forwarded to Membership Chairperson: _____ (please initial)	
Approved: _____ Denied: _____ Reason: _____	