

# Sand Lake Ambulance

Advanced Life Support

P.O. Box 222 - 3643 NY 43

West Sand Lake, NY 12196

Phone (518) 674.2221

## Membership Application

(Please Print Legibly)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

Location of Residence: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever volunteered for this company? Yes  No  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

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

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current/Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.*

*Do you grant permission to verify any information provided in this application? Yes  No*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Presented: \_\_\_\_\_ BG Check: \_\_\_\_\_ Date Voted: \_\_\_\_\_ Accepted? Yes  No