

Granby Ambulance Association, Inc.
1 Pegville Road
Granby, CT 06035
(860) 653-6535
www.granbyambulance.org

Application for Employment or Volunteer Membership

Last Name: _____ Maiden Name: _____ First: _____ Initial: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: ___/___/___ Home Phone: _____ Cell Phone: _____ Carrier: _____

Driver's License Number and State of issue _____

Social Security Number: _____ - _____ - _____

E-Mail Address: _____ Cell/Mobile Phone _____

Have you previously applied for employment or volunteer membership in GAA? _____

If yes, date of previous application: ___/___/___

I am applying for (circle one in #1 and one in #2): 1. **FT, PT, Per Diem, Volunteer** 2. **EMT, Paramedic**

Please indicate your availability (check all that apply): Weekday ___ Nights ___ Weekends ___

Current Employer Name: _____

Occupation: _____

Employer Address: _____

Supervisor: _____ Phone: _____ Date of employment: _____

PREVIOUS Employer Name: _____

Occupation: _____

PREVIOUS Employer Address: _____

PREVIOUS Supervisor: _____ Phone: _____ Date of employment: _____

May we contact your current employer? _____ May we contact your previous employer? _____

Have you had any **traffic violations** or accidents within the past? _____ If **YES**, describe on back of this page.

Please circle any certifications you have:

CPR, ACLS, PALS, PHTLS, TCCC, AMLS

Please list any other medical training, education or experience you feel is pertinent to service with Granby Ambulance Association:

**** Please attach photocopies of all certifications cited above.**

Contact information in case of an emergency/Relationship/Telephone Number:

Briefly describe your interest in seeking employment or volunteer membership in Granby Ambulance Association:

Please list three references that you have known at least six months and to whom you are not related. Include complete contact information.

Name, Address, Telephone /Mobile Phone

Your signature at the end of this document gives express permission to Granby Ambulance Association, Inc. to contact the persons identified above as references.

Have you ever been convicted of a crime other than a traffic violation? _____

If Yes, explain (attach additional documentation as necessary).

Applicant's Certification

I certify that the information given in this application is true and correct to the best of my knowledge. I further understand that any intentional falsification, omissions or failure to execute any required authorizations shall result in non-consideration for volunteer membership and/or employment and/or termination of volunteer membership in the future. I agree to follow the rules of Granby Ambulance Association as set forth in the Bylaws, Policies and Procedures and Employee/Volunteer Handbook. I agree to update any information in this application that changes by written notification to Granby Ambulance Association - Chief of Service.

Signature: _____

Date: _____