



# Candor Emergency Squad Inc.

58 Main Street  
PO Box 141  
Candor, New York 13743  
Business Phone: 607-659-5529/Fax: 607-659-5112  
www.candorems.org

Emergency Dial 911

## Membership Application

(Please read all information carefully before completing application)

### Personal Information

Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you a citizen of the United States? YES  NO

If no, are you authorized to live/work in the US? YES  NO

Have you ever been convicted of anything more than a violation? YES  NO

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

\_\_\_\_\_

### Position Desired

Have you ever applied to this organization and been rejected? YES  NO  If yes, when? \_\_\_\_\_

Have you been a member of this organization prior? YES  NO  If yes, when? \_\_\_\_\_

Position you are applying for:  Regular (over 18, involved in patient care, ex: driver, EMT)  
 Associate (no patient care, ex: fundraisers, office work)  
 Junior (under 18)

### Previous Medical Training

CPR  EMT  Lifeguard  MD/PA

First Aid  Paramedic  RN/LPN  Other: \_\_\_\_\_

Current Level of NYS DOH certification: CFR  EMT  EMT-I  EMT-CC  EMT-P

NYS DOH certification number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Has your EMS certification ever been suspended/revoked? YES  NO  If yes, attach explanation.

### Physical Limitations

Describe any physical limitation that may affect your ability to function on an ambulance crew (ie-heart condition, hearing loss, back injury, etc...)

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Note: If you apply for a regular member position you will be expected to assist lifting objects and patients and being able to balance both. Also you might be required to have a physical examination completed by our doctor who will be paid for by Candor Emergency Squad Inc.(CEMS)

### Driving Record

Do you possess a valid NYS driver's license? YES  NO

Driver's license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List any traffic violations, accidents, suspensions and/or revocations during the last 36 months.

DATE	VIOLATION / ACCIDENT (describe)
DATE	VIOLATION / ACCIDENT (describe)
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NOTE: Every year it is required that all driver's licenses of members of the Candor Emergency Squad Inc be run through the New York State License Event Notification Service (LENS Program) to verify their driving history. By signing this application, you agree that CEMS can run license prior to you being voted in as a member.

### Occupation

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

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

## Education

School Name	Address	Dates Attended	Graduated
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>
College			YES <input type="checkbox"/> NO <input type="checkbox"/>
Other			YES <input type="checkbox"/> NO <input type="checkbox"/>

## References

List the names of, addresses and phone numbers of two personal references and one professional reference. These references should not be related to you.

Personal	ADDRESS	PHONE
Personal	ADDRESS	PHONE
Professional	ADDRESS	PHONE

## Special Skills / Training

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## Additional Documentation

Submit photocopies of the following documents with your application:

1. NYS Driver's License
2. NYS EMT Certification (if applicable)
3. Current CPR Card (if applicable)
4. Any other documents which may be pertinent.

**Disclaimer and Signature**

I, the undersigned hereby declare all statements and information in this application are true and complete, and understand that any untrue, misleading answer or deliberate omission or concealment may be grounds for refusal of membership in the Candor Emergency Squad, Inc (CEMS).

I, the undersigned authorize the CEMS. to conduct a background investigation at any time and to communicate with any individual or organization listed in this application for the purpose of investigating or confirming my character. Within the Freedom of Information law, all information contained/or obtained herein will remain confidential. Additionally, I release all parties from all liability for damage that may result from furnishing any information.

If accepted for membership, I agree to read and abide by the By-Laws of the CEMS, Inc. and all Standard Operating Procedures, and any other rules and regulations adopted by the CEMS. I further agree that upon termination of my membership with the CEMS. I will return all Candor Emergency Squad, Inc. property entrusted to me.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

If the applicant is under the age of 18, a signature of a parent or legal guardian is required.

\_\_\_\_\_  
**Parent/Legal Guardian's Signature** \_\_\_\_\_  
**Date**

**Please return the completed application to:**

Candor Emergency Squad  
c/o Director of Operations  
PO Box 141  
Candor, NY 13743

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**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Date Ref. Letters Mailed: \_\_\_\_\_

Recommendation of the Membership Committee: APPROVE  NOT TO APPROVE

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

Recommendation of the Board of Directors: APPROVE  NOT TO APPROVE

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