



Serving the Town of Union since 1973

# Union Volunteer Emergency Squad, Inc.

8 South Avenue B  
Endwell, New York 13760  
Business Office (607) 754-3414

## Membership/Employment Application (Updated 1/1/2020)

*UVES is committed to providing an equal opportunity to all qualified individuals who are seeking employment/membership with the organization. UVES does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, genetic predisposition or carrier status, disability, or any other legally protected class or status.*

*This policy applies to all terms and conditions of membership/employment including, but not limited to, hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation, and training.*

*Discrimination based on any of the above classifications is strictly prohibited. Any member who engages in such conduct is subject to disciplinary action, up to and including termination.*

### Demographics:

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Home Address:

Number and Street City State Zip Code

Mailing Address:

Number and Street/P.O. Box City State Zip Code

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Previous Address:  
Past Ten Years

Number and Street City State Zip Code

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***Position Application:***

Volunteer:      Driver:       EMT:       ***AEMT:***       Other(List):  \_\_\_\_\_

***CC:***       ***Paramedic:***

Compensated:                                      EMT:       ***AEMT:***       Other(List):  \_\_\_\_\_

***CC:***       ***Paramedic:***

*For Compensated:*    Full Time:     Part Time:     Per Diem:

*Date Available to Start:* \_\_\_\_\_

Are you legally eligible for employment in the United States?      Yes:     No:

Are you able to work (check all applicable):

Days:

Evenings:

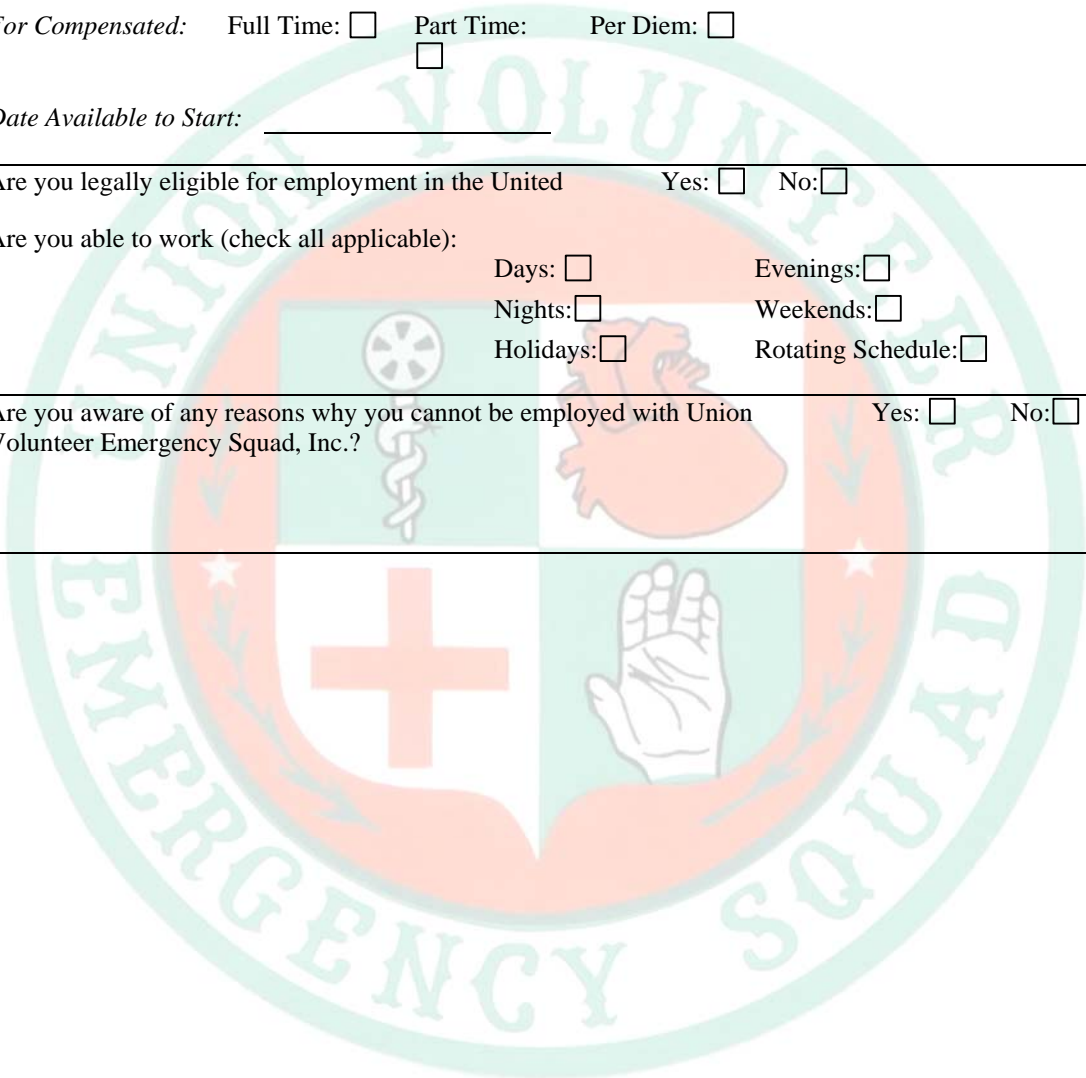
Nights:

Weekends:

Holidays:

Rotating Schedule:

Are you aware of any reasons why you cannot be employed with Union Volunteer Emergency Squad, Inc.?      Yes:     No:



If you answered “Yes”, please explain below:



**Personal Information:**

Have you ever applied for membership or employment with UVES before? Yes:  No:

If yes, please provide date(s.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed or volunteered with us before? Yes:  No:

If yes, please provide date(s.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a relative or friend employed or volunteering with us? Yes:  No:

Who?

\_\_\_\_\_

Who referred you to UVES?

\_\_\_\_\_

Are you currently employed? Yes:  No:

Current Employer:

Employer	City	State	Phone
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May we contact your current employer? Yes:  No:

If applying for a position that requires driving, do you have a valid license? Yes:  No:

Has your license ever been revoked or suspended? Yes:  No:

Have you ever applied for, or held membership/employment in an emergency service organization, either paid or volunteer? Yes:  No:

Name of organization?

Organization	City	State	Phone
Organization	City	State	Phone
Organization	City	State	Phone
Organization	City	State	Phone

Position(s) held?

\_\_\_\_\_

\_\_\_\_\_

**Education:**

	Address	City	State	Zip	Graduate?	Highest Degree
High School					Y: <input type="checkbox"/> N: <input type="checkbox"/>	
College					Y: <input type="checkbox"/> N: <input type="checkbox"/>	
Graduate					Y: <input type="checkbox"/> N: <input type="checkbox"/>	
Other					Y: <input type="checkbox"/> N: <input type="checkbox"/>	

**Employment History (provide for previous 10 years):**

Employer's Name, Address, Zip, Telephone #, Supervisor's Name	Dates:		Position Held	Hrs/Week Worked	Reason for Leaving
	From	To			

May we contact all of the employers listed above? Yes:  No:

If No, indicate which ones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal references:**

List three personal references who have known you for three or more years. (NO RELATIVES)

Name Relationship Address State Zip Phone

Name Relationship Address State Zip Phone

Name Relationship Address State Zip Phone

**Professional references:**

List three professional references who have known you for three or more years. (NOT IMMEDIATE SUPERVISOR)

Name Relationship Address State Zip Phone

Name Relationship Address State Zip Phone

Name Relationship Address State Zip Phone



**Disclosures:**

*I understand that acceptance of this application by UVES, Inc. is not an extension of membership and/or employment, and does not guarantee any right, privilege or obligation of UVES, Inc. to provide me with an interview or formal consideration for employment/membership .*

*Applications/materials submitted to UVES, Inc. during the employment/membership process become the property of UVES, Inc. and will not be returned.*

*Applications will remain on file for consideration of interview for a minimum of twelve months, at which time they will be destroyed if no action is taken.*

*Acceptance of this application by UVES, Inc. does not afford the candidate the opportunity to participate in any activity related to UVES, Inc. without the expressed written permission of the Executive Director or another designee.*

*UVES, Inc. does not accept unsolicited contact from applicants pertaining to the status of an application. If an applicant requires information, or would like to add material to their application portfolio, please address it in writing to:*

**UVES, Inc.  
ATTN: Human Resources  
8 South Ave B  
Endwell, NY 13760**

*I understand that as a condition of membership and/or employment with UVES, Inc., I will require; post offer; a negative urinalysis for drugs and/or alcohol. Any positive screening, which includes but is not limited to dilute status, refusal to provide a specimen, knowingly providing a false specimen, providing false credentials, failure to maintain appointments and leaving appointments prior to specimen collection will result in immediate termination of membership/employment.*

*I understand that if offered employment and/or membership, and further authorize, UVES, Inc. will/to conduct a background investigation from the materials provided in and with this application inclusive of, but not limited to criminal background checks, education verification checks, personal and professional references, employment verification checks, OIG Medicare Exclusion check, NYS OMIG Medicaid Exclusion check, and Professional Certification checks. Any negative or adverse report may result in termination of employment and/or membership with UVES, Inc.*

*I understand that any misrepresentation, falsification or omission of information on this application will result in the termination of consideration of my application, or will be grounds for immediate termination if discovered after any offer of employment/membership has been made.*

*I understand, and agree that if offered employment/membership with UVES, Inc., that unless otherwise covered under other collective agreements, UVES, Inc. is an at-will organization and may terminate my employment/membership at any time, without cause and without prior notice.*

**Signature:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***If applying as a student member (age 16&17):***

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Number and Street

City

State

Zip Code

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

School: \_\_\_\_\_