



# SUFFIELD VOLUNTEER AMBULANCE ASSOCIATION

## Application For Membership

205 Bridge Street - P.O. Box 642  
Suffield, CT 06078  
860-668-3881 – Fax 860-668-3884  
SVAA@suffieldems.org

# MEMBERSHIP APPLICATION

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An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or disability.

## I. POSITION INFORMATION

Position Applying For: \_\_\_\_\_

Volunteer

Paid

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

Are you legally eligible to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

*In accordance with insurance policy requirements, applicants must be at least eighteen (18) years of age to be considered for opportunities with SVAA.*

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

## II. PERSONAL INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a professional license suspended or revoked?  Yes  No

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

## III. CERTIFICATIONS – If Applicable (Attach copies)

EMR Exp: \_\_\_\_\_

EMT Exp: \_\_\_\_\_

AEMT Exp: \_\_\_\_\_

Paramedic Exp: \_\_\_\_\_

CPR Exp: \_\_\_\_\_

ACLS Exp: \_\_\_\_\_

PALS Exp: \_\_\_\_\_

EVOC/CEVO Exp: \_\_\_\_\_

NIMS 100: \_\_\_\_\_

NIMS 200: \_\_\_\_\_

NIMS 700: \_\_\_\_\_

NIMS 800: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Exp: \_\_\_\_\_

## IV. EDUCATION

Level	School Name	City, State	Major / Degree	Graduated?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Univ				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No

## V. EMPLOYMENT HISTORY (Start with most recent)

Employer #1

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

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

Position: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Employer #2

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

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

Position: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Employer #3

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

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

Position: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

## VI. REFERENCES (Professional Only)

Name	Relationship	Company / Title	Phone Number

## VII. ACKNOWLEDGMENT & SIGNATURE

To ensure that individuals are suited for the stressful and confidential environment of EMS, certain preliminary procedures are necessary to assist us in determining the fitness of the prospective member.

Background records checks are required and will be completed on all prospective members. Motor vehicle records checks will be completed on all provider members. The necessary paperwork required by our background search company must be completed.

Prospective provider members are required to submit to a physical examination which may include strength and agility tests, drug test, and any other medical competency analysis required by the policies of the SVAA in place at the time this application is submitted to the Association for consideration.

By my signature below I acknowledge that I have read the above statement, and I consent to have a background check and motor vehicle driving records check, if applicable. I also give permission for a representative from the SVAA to contact the references listed as well as any EMS or related organization that I am or have been involved with and authorize the SVAA to investigate any and all statements. I also give permission to these organizations to share with the SVAA any information that is pertinent to my membership with the previous or current organization and agree to hold harmless both the reference organization and the SVAA in regard to any information obtained in this process. The SVAA agrees to only use this information in the process of determining the applicant's ability to perform the functions of the position for which they are being considered.

By my signature below I acknowledge the information provided on this application is accurate and factual to the best of my knowledge.

Membership in the SVAA is "at will" and may be terminated by the member or the SVAA at any time.

SSN Last 4 #: XXX-XX-\_\_\_\_\_

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

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



## Disclosure And Authorization For Consumer Reports

### Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with \_\_\_\_\_, at \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

### **California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



\_\_\_\_\_  
Applicant Initials

**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b> Please check box if you do not have a middle name.
<b>Social Security #:</b>		<b>Date of Birth:</b>
<b>Email:</b> (This is a required Field)		
<b>Current Address:</b>		<b>Previous Address:</b>
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
<b>Drivers Lic. #:</b>		<b>State Issuing:</b>
<b>Former Name/Alias:</b>		

X \_\_\_\_\_  
Applicant Signature

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

Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Applicant Copy

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection  1700 G Street NW  Washington, DC 20006  b. Federal Trade Commission: Consumer Response Center - FCRA  Washington, DC 20580  (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency  Customer Assistance Group  1301 McKinney Street, Suite 3450  Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center  P.O. Box 1200  Minneapolis, MN 55480  c. FDIC Consumer Response Center  1100 Walnut Street, Box #11  Kansas City, MO 64106  d. National Credit Union Administration  Office of Consumer Protection (OCP)  Division of Consumer Compliance and Outreach (DCCO)  1775 Duke Street  Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings  Department of Transportation  400 Seventh Street SW  Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board  Department of Transportation  1925 K Street NW  Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access  United States Small Business Administration  406 Third Street, SW, 8th Floor  Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access  United States Small Business Administration  406 Third Street, SW, 8th Floor  Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission  100 F St NE Washington,  DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration  1501 Farm Credit Drive  McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or  Federal Trade Commission: Consumer Response Center - FCRA  Washington, DC 20580  (877) 382-4357</p>

**Applicant Copy**