



Hope Valley Ambulance Squad, Inc.

PO Box 205 5 Fairview Ave

Hope Valley, RI 02832

A P P L I C A T I O N

Date: _____

SS# (LAST 4 ONLY): _____

Full Name: _____ DOB: _____ Age: _____

Present Address: _____

Last Address: _____

Home Phone: () _____

Cell Phone: () _____

Have you ever submitted an application with Hope Valley Ambulance before? If so when _____

Please list medical training, and EMT schools attended & submit copies of certifications. You must have and provide a valid CPR card before you are allowed to respond to calls.

Driver License Number and State: _____

Number of accidents in last 3 years: _____

Have you ever been arrested or charged with any criminal violation, including traffic violations, but not parking tickets? (Yes) or (No) If yes, please explain.

EMPLOYMENT HISTORY

Present Employer: _____ Occupation: _____

Previous Employer: _____ Occupation: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____ Phone: _____

Please list any information that you feel would be beneficial to your application to Hope Valley Ambulance

PHYSICAL AFFIDAVIT

To the best of my knowledge, I attest that I am in good physical health. I am able to perform the duties which are required, which are not limited to heavy lifting, pulling, stretching, bending, being out in inclement weather or near hazardous conditions, and being able to perform under stressful situations. I understand that Hope Valley Ambulance Squad, Inc. may request that I obtain a medical clearance from a licensed physician to perform duties involved with Hope Valley Ambulance Squad, Inc.

Applicant's Signature: _____ Date: _____

I understand and authorize Hope Valley Ambulance Squad, Inc. to conduct a criminal and personal background check, and that any misconduct found may result in denial of acceptance into the organization. I further understand that any misrepresentations, omissions, false information, or other misconduct discovered after acceptance, may result in dismissal/termination from the organization. I attest that the information provided is true, accurate & complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Hope Valley Ambulance Squad, Inc. does not discriminate on the basis of age, gender, race, religion, color, national origin, sexual preference or handicap, in accordance with applicable laws and regulations.

In order to process your application with Hope Valley Ambulance Squad, Inc. you will need to submit a current BCI from your state of residence and from Rhode Island (if you live in Rhode Island only RI is needed, if you live in CT or MA, RI BCI and BCI from MA or CT Is required.

RI BCIs can be obtained from the attorney general's office.

4 Howard Avenue (corner of Pontiac Ave. and
Howard Ave.)

Cranston, RI 02920

401-274-4400

Please also provide copies of all current certifications such as Driver's License, CPR Card, EMT Certifications for all states you are licensed in, and any additional certifications you may carry such as ACLS, PALS, PHTLS, AMLS, ETC