



MAINE EMERGENCY SQUAD INC.

2658 State Route 26
Maine NY 13802

Application for Membership

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Phone Number: _____ Cell Carrier: _____

Email: _____

Position Applying for: Volunteer Compensated

(Please note only certified EMT's or above may apply for compensated positions.)

EMS Certification: None EMT AEMT Critical Care Tech Paramedic

EMS Certification Number: _____ EMS Certification Expiration: _____

Additional Certifications:

Name: _____ Date Issued: _____ Expiration Date: _____

BLS CPR / AED _____

ICS 100 _____

ICS 200 _____

ICS 700 _____

ICS 800 _____

ACLS _____

PALS _____

Drivers License Identification Number: _____ State: _____

Driver Eligibility Verification Notice:

All applicants, whether for *compensated employment* or *volunteer membership*, who are authorized or expected to operate a Maine Emergency Squad, Inc. vehicle will be enrolled in the **New York State Department of Motor Vehicles License Event Notification Service (LENS)**. This system automatically reports any changes to driving records, including suspensions, revocations, or violations. Enrollment is conducted to verify ongoing eligibility to operate an ambulance or other emergency vehicle in accordance with **NYS DMV regulations, agency policy, and our insurance provider's requirements**.

By submitting this application, you acknowledge and consent to enrollment in the NYS LENS program for the purpose of maintaining compliance and operational safety.

Education History:

High School: _____ Graduated? Yes No Year:

High School Diploma or GED? Diploma GED.

Employment History, include any volunteer fire or EMS Experience:

Employer Name: _____ Position: _____ Employment Dates: _____

References:

Name: _____ Email, if applicable: _____ Phone Number: _____ Years Known: _____

Applicant Acknowledgment:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misstatement, omission, or attempt to mislead Maine Emergency Squad, Inc. may result in disqualification or termination.

I authorize Maine Emergency Squad, Inc. to verify all information contained in this application, including but not limited to **employment history, education, criminal record, driving record, and personal or professional references as listed in the reference section**. I release the agency, its representatives, and any persons or organizations providing such information from all liability related to the release or use of that information.

I acknowledge that submitting this application **does not** constitute a contract of employment or membership. If accepted, I agree to abide by all agency policies, procedures, and standards, and I understand that any compensated employment is **at-will**, meaning either party may terminate the relationship at any time, with or without cause and in accordance with applicable law.

Signature: _____

Date: _____