

Ritchie County Ambulance Authority Inc.

P.O. Box 322

Harrisville, WV 26362

(304)643-2369

Application for Membership

Date of Application: _____

Name: _____
Last First Middle Initial

Address _____
Street Apt. City ST Zip Code

Telephone Number _____
Home Work Cell

E-Mail Address: _____

Social Security Number _____ - _____ - _____ Drivers License _____
State Number

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone Number _____

References

(Other than relatives or Employers)

Name	Address	Phone	Occupation

Employment History

Employer	Work Performed	
Address		
Job Title		
From	To	Phone Number
May we contact this employer Yes / No		

Employer	Work Performed	
Address		
Job Title		
From	To	Phone Number
May we contact this employer Yes / No		

Current Health Care Licenses / Certifications

Licensure / Certification _____ State _____ Expiration Date _____

Licensure / Certification _____ State _____ Expiration Date _____

Positions

Check Position(s) Applying for

_____ Ambulance Driver – This position Requires that the applicant to be certified in CPR, First Aid, and attend an approved 16 hour Emergency Vehicle Operations Course before Driving. (Volunteer Position Only)

_____ First Responder – This position requires the applicant to complete an approved USDOT First Responder Course and obtain certification from the State Office of EMS as a First Responder. CPR and EVOC Required. (Volunteer Position Only)

_____ EMT- Basic – This position requires completion of an approved USDOT EMT-B course and obtains certification through the State Office of EMS as an EMT-B, CPR and EVOC Required.

_____ EMT-Paramedic – This position requires completion of an approved EMT-Paramedic Course and obtains certification through the State Office of EMS as an EMT-Paramedic, CPR and EVOC Required.

Education

School	Name & Address	Degree	Year
High School			
College			
Graduate School			
Trade/Vocational			
Other			

Criminal/Professional Background History

Have you ever been convicted of a Felony or Misdemeanor other than minor traffic Offenses? _____

Have you ever had your Drivers License Suspended or revoked for any reason? _____

Have you ever been subject to limitation, suspension or termination of your right to practice in a health care occupation or voluntarily surrendered a healthcare license in any state or to any agency authorizing the legal right to work? _____

If you answered yes to either of the above you will need to provide any documentation, dispositions, court reports and probationary reports pertaining to the offense.

Agreement

I agree while on duty to follow the rules, regulations and Standard Operating Guidelines of Ritchie County Ambulance Authority Inc. I agree to surrender any and all badges, name tags, uniforms, Patches and any other belongings of RCAA Inc. that I may have acquired during the tenure of my employment/membership. I understand that the nature of my position with RCAA Inc. involves the protection of Confidential Health Information of patients we service and that this information is not to be disseminated to anyone except as provided by law. Further I agree that the information on this application is true and correct and give permission to RCAA Inc. to use any means necessary to verify this information up to and including Criminal/Professional background checks and Drivers License checks. I understand the RCAA Inc requires Drug and Alcohol testing for all new personnel and random checks thereafter. Falsification of information on this application may result in disciplinary action leading to termination of employment /membership with RCAA Inc.

7/10/06

Signature of Applicant

Date