

## Application for Participation



Syracuse University Ambulance  
111 Waverly Avenue  
Syracuse, NY 13244  
(315) 443-4566 (voice)  
(315) 443-9010 (fax)

*Syracuse University is an equal opportunity, affirmative action institution, and does not discriminate on the basis of race, creed, color, sex, national origin, religion, marital status, age, disability, sexual orientation or status as a disabled veteran or as a veteran of any conflict to the extent required by law. This nondiscrimination policy covers admissions, employment, and access to and treatment in University programs services and activities.*

Name: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

SUID#: \_\_\_\_\_ SS# \_\_\_\_\_

College of Enrollment At SU: \_\_\_\_\_

Expected term and year of graduation: \_\_\_\_\_

*Please list two volunteer and/or employment associations that may be relevant:*

Organization: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your position: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your position: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency services certifications, levels & expiration dates:

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

CFR: \_\_\_\_\_

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

EVOC: \_\_\_\_\_

Firefighting / Rescue: \_\_\_\_\_

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

Have you ever been convicted of a felony, misdemeanor, or other crime? \_\_\_\_\_

Have you ever been charged with or had University Judicial action taken against you? \_\_\_\_\_

If you answered yes to either of these questions, attach a separate piece of paper with an explanation of the circumstances.

Why do you want to be involved with SU Ambulance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an applicant, you understand that: (please read and check)

Your driving record will be investigated.

Health services and University Polices & Procedures apply to all organizations.

Health services reserves the right to review all information provided in this application

Certain aspects of participation are contingent on a satisfactory health history review.

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

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

Printed Name: \_\_\_\_\_

**SU PERSONNEL USE ONLY**

App rc'd \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved for immediate membership

Approved for waiting list

Not approved for membership

Personnel Sup: \_\_\_\_\_ EMS Manager: \_\_\_\_\_

If not approved, supplemental documentation required, communicated to applicant.

Syracuse University  
University Driving Privileges Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street Name City State Zip

Employee or Student Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Department: \_\_\_\_\_

Department/Campus Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years of Driving Experience: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class or Type: \_\_\_\_\_ State of Insurance: \_\_\_\_\_

Number of Moving Violations within the past three (3) years: \_\_\_\_\_

Type of Moving Violations: \_\_\_\_\_

Number of Accidents within the past three (3) years: \_\_\_\_\_

I, \_\_\_\_\_ understand and agree that to the best of my knowledge, the information recorded on this application is correct. I understand that any misrepresenting or falsification of information may be sufficient cause for rejection of motor vehicle operating privileges and termination of employment.

I acknowledge that I have received a copy of the University's Motor Vehicle Safety Policy and Guidelines and acknowledges that this policy may be updated from time to time by the University. I further acknowledge that I have reviewed the motor vehicle record standards and drug testing sections of this policy.

I, \_\_\_\_\_, agree to abide by all laws and regulations pertaining to the operation of motor vehicles, as well as University driving policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness of Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Syracuse University  
University Driving Privileges  
Authorization Form

It is the intent of Syracuse University to use the information put forth in the University Driving Privileges form to conduct an investigation into the driving history of all those completing that form. Upon receipt of the report, the University will review the information and determine if the applicant for driving privileges meets the qualifications set forth in the Syracuse University Vehicle Safety Policy and Guidelines. Syracuse University reserves the right to obtain a Motor Vehicle Report to verify your driving record as deemed necessary, in addition to the right to conduct the additional checks as mandated by the Syracuse University Vehicle Policy and Guidelines and as warranted in the University's Judgment

I, \_\_\_\_\_, authorize Syracuse University to inquire and verify any information concerning my driving record as may be necessary under University policies for employment purposes. This includes my authorization for the University to obtain reports which bear on my creditworthiness, credit standings, credit capacity, character, general reputation, personal characteristics and mode of living for employment purposes as defined by the federal Fair Credit Reporting Act (15 U.S.C, 1681 et seq), which governs some background checks, including some driving record checks.

Signature of Applicant: \_\_\_\_\_

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

Witness of Signature: \_\_\_\_\_

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