



## Town of Northampton Ambulance Service

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**To: All applicants for membership**

**Subject: Search for sex offense conviction records**

**Section 837-s of the New York State Executive Law was signed into law on November 14, 2016 and became effective on March 14, 2017. A copy of this section is on the reverse side of this sheet.**

**This law requires us to check the appropriate public sex offender registries for Level 1, 2, and 3 offenses on each new applicant for membership in the ambulance service. This check must be conducted within 10 days of receiving your application.**

**If this check reveals that you are registered under article six-c of the correction law, the chief officer of the ambulance service is required to make a determination of your eligibility to be appointed to the ambulance service. That determination has to be made consistent of article twenty-three-A of the correction law. We are also required to provide you with a copy of that article as part of this determination.**

Section 1. The executive law is amended by adding a new section 837-s to read as follows:

**§ 837-s. Search for sex offense conviction records of emergency medical technician and other first responder applicants.**

1. The chief officer of any volunteer ambulance company, as such term is defined in subdivision two of section three of the volunteer ambulance workers' benefit law, any proprietary ambulance service, or any other ambulance or emergency medical service providing emergency medical care and transportation of sick or injured persons to health care facilities, shall notify every new applicant for emergency medical technician, paramedic, certified first responder applicant, or any other applicant who would be responsible for providing emergency medical care and transportation of sick or injured persons to health care facilities, including applicant seeking to transfer from one ambulance company or service to another, that their personally identifying information will be checked against the public records of those individuals required to register under article six-C of the correction law.

2. If such applicant desires to proceed, within ten business days of receiving an application, the chief officer shall inquire of the division as to whether such applicant is required to register by calling the special telephone number established pursuant to section one hundred sixty-eight-p of the correction law. Such chief officer may also check the internet posting subdirectory of level two and three sex offenders established pursuant to section one hundred sixty-eight-q of the correction law.

3. Where such search reveals that an applicant is registered under article six-C of the correction law, the chief officer of the ambulance company or service shall determine whether or not such person shall be eligible to be elected or otherwise appointed as a member of such ambulance company or service. Such determination shall be made consistent with article twenty-three-A of the correction law and a copy of such article shall be provided to the applicant.

Section 2. This act shall take effect on the one hundred twentieth day after it shall have become a law.

*(Signed into law on November 14, 2016. The effective date is March 14, 2017.)*

Please fill in the following information to the best of your knowledge.		<b>PLEASE PRINT CLEARLY</b>	
Applicant's Full Name:		Date of Birth:	Age:
Street Address:			PO Box:
City/Town:		Zip Code:	
Email:			
Home Phone:		Cell Phone:	
Driver's License Number:		State:	Type:
Occupation:		Current Employer:	
Employer Phone:		Supervisor:	
Employer Address:			
Previous Employer, Job Title, & Dates:			
Previous Employer, Job Title, & Dates:			
Previous Employer, Job Title, & Dates:			
<b>List all previous EMS or other Emergency Services Training</b>			
Do you hold a current NYS EMS Certification?	Level:	ID Number:	Expiration Date:
Do you hold a current CPR Certification?	Type:		Expiration Date:
Course Name:	Date Completed:	Expiration Date:	
Course Name:	Date Completed:	Expiration Date:	
Course Name:	Date Completed:	Expiration Date:	
Course Name:	Date Completed:	Expiration Date:	
Course Name:	Date Completed:	Expiration Date:	
Is there any other information that we should have in considering your application?			
<b>List 3 references other than employment or family who have known you for at least 2 years:</b>			

Personal Driver & Criminal Information:				
How many years have you been a licensed driver?		Have you attended a NYS Certified Defensive Driving course?		If Yes, date of course:
If you, as a driver, have had a motor vehicle accident in the last 10 years which resulted in any injuries to yourself or others, please furnish details:				
Have you been convicted of a moving violation in the last 10 years?				
Have you ever been convicted of a misdemeanor or felony that was not dismissed, expunged, or sealed?				
If you answered "Yes" to either of the above questions, please furnish details include the charge(s), date(s), court(s), and location(s.)				
Physical Information				
These questions are presented in the interest of personal and NAS safety, plus OSHA and other mandates for emergency services personnel. All information will be held in strict confidence.				
Weight:	Height:	Hair Color:	Eye Color:	
Primary Care Physician:				
Describe your overall general health (circle one):      Excellent    Very Good    Good    Fair    Poor				
Do you have or have your ever had any of the following conditions? (If so, please explain briefly.)				
Allergies:		Heart Condition:		
Back Problems:		Breathing Problems:		
Dizziness/Fainting Spells:		Claustrophobia or Similar:		
Convulsions or period of unconsciousness:		Use of intoxicants:		
Any other undisclosed condition:		Use of drugs:		
Have you had the Hepatitis Shot Series? If so, please list the dates below:				
1st HBV Shot:		2nd HBV Shot:		3rd HBV Shot:
Are there any other health issues that we should know about prior to considering your membership?				

**Statement of Integrity:**

I, the undersigned, do hereby acknowledge that this application has been filled out truthfully and accurately to the best of my knowledge. I hereby give Northampton Ambulance Service permission to investigate these claims in order to determine my potential membership. All uniforms and other equipment assigned/loaned to me shall remain the property of Northampton Ambulance Service or the Town of Northampton and must be returned immediately upon termination of service. I further understand that as a volunteer member of Northampton Ambulance Service I will also be an unpaid employee of the Town of Northampton and subject to the laws and rules governing proper conduct of a municipal employee.

**I authorize the Northampton Ambulance Service to:**

1. Investigate all references provided.
2. Make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted, which inquiry, if made, may include information to my character, general reputation, personal characteristics, and mode of living.
3. Contact any prosecutor's office, police agency, investigative department, insurance company or Department of Motor Vehicles to obtain copies of my records.
4. Contact any physician or hospital to obtain copies of my medical records.

I authorize Northampton Ambulance Service to provide a copy of this consent form to any agency as my release for providing any of the above information.

Applicant's Name (Print):	
Applicant's Signature:	Date:

**If you are less than 18 years of age, a parent or guardian must sign this application:**

Parent or Guardian Signature:	Date:
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**\*\*\*\*\* Do not write below this line. For Northampton Ambulance use only. \*\*\*\*\***

837-s and other background checks complete:	Initial:	Date:
Applicant accepted by NAS membership:	Date:	
Applicant accepted by Town Board of the Town of Northampton:	Date:	
Probationary period (up to 1 year) start date:	Date:	
Probationary period completed and full membership attained:	Date:	