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NAME	YEARS KNOWN	PHONE NUMBER

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Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if granted membership, falsified statements on this application shall be grounds for expulsion.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

If granted membership with Warminster Volunteer Ambulance Corps, and anytime thereafter I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examinations as may be required by the company as a condition of my membership, and I hereby give my consent to the release of all information which WVAC deems necessary to determine my ability to perform job duties now or in the future.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State Laws.

I also permit the Department of Transportation, State Police, or any other government agency to perform and furnish a copy of my Drivers Record, Criminal background check, and Child Abuse clearance check or credit history to Warminster Volunteer Ambulance Corps.”

Signature: _____ Date: _____

WVAC membership/management use only

