



Waterford Ambulance Service, Incorporated Employment Information and Update Sheet

It is the policy of Waterford Ambulance Service to periodically update each staff members personnel record and provide an opportunity to meet one on one with the Board of Directors and communicate changes in your status, (e.g. address, phone number, EMS district, etc.).

Primary EMS District: _____ DOB: _____

Name: _____
First Name Middle Last Name

Address: _____
Street Number & Name Town/City State Zip Code

Email Address, used for Web Site & ESO Charts: _____

Emergency Contact: _____
Name Relationship Phone number

Do you have a valid Connecticut EMT Certification? **Yes No**

EMT Certification #: _____ Expiration Date: _____

Are there any restrictions on your ability to work as an EMT? **Yes No**

Do you have a valid Connecticut Driver's License? **Yes No**

Driver's License #: _____ Expiration Date: _____

Are you NIMS Compliant? (IS-100, IS-200, IS-700) **Yes No**

Are there any restrictions on your ability to operate a motor vehicle? **Yes No**

Have you ever pled "guilty", "no contest", or been convicted of a crime? **Yes No**

Have you ever been involved in an incident involving; domestic violence, assault, child abuse or neglect? **Yes No**

Provide Date and types of offense; give dates and details, including city, county and state of conviction, Attach more sheets if necessary.

Please attach a copy of your EMT Card, Driver's License, and NIMS Certificates, and Return this form to WAS either though Inter-Department Mail or directly to the WAS Office at 204 Boston Post Road.



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Member's Statement

I understand that any misrepresentation or omission of any fact or circumstance in my application, resume, or any other materials I have completed or submitted or made during any of my interviews may be justification for refusal of continued employment or if employed, termination of employment.

In processing my employment update sheet, I authorize Waterford Ambulance Service, Inc. to verify all the information provided by me and obtain a consumer or investigative consumer report concerning, among other things, current and prior employment, credit history, driving record, military record, education, character, general reputation, personal characteristics and criminal record. I understand that a report may be based on telephone or personal interviews with my present and former employers and others. I understand that I have the right to make a written request to Waterford Ambulance Service, Inc. to verify all the information provided by me and obtain a consumer or investigative consumer report concerning, Waterford Ambulance Service, Inc. as to whether a consumer report or an investigative consumer report was procured and to request a complete and accurate disclosure of the nature and scope of the report.

I authorize and request all of my present and former employers to furnish information about my employment record, including the reason(s) and circumstance(s) for my termination of my employment, work performance, qualifications, abilities and other qualities pertinent to my qualifications for my employment, including character, general reputation and personal characteristics. I hereby release employers, schools or persons from all liability when responding to inquires in connection with my application.

I understand that employment at Waterford Ambulance Service, Inc. is "at will" and that if I continue my employment and compensation, I understand it can be terminated with cause due to failure to; follow Waterford Ambulance Service policy, procedure, directives, or written/verbal directions. I will keep current with Waterford Ambulance Service my; primary EMS district, address, email address, contact phone number, and licensure.

I HAVE READ AND UNDERSTAND THE ABOVE,

Signature

Date

For Board Member Use Only

Interviewers: _____

Remarks: _____

Recommend for further employment: **Yes No**

Copies of any certifications (CPR, EMT, EMR, etc.), NIMS Certification, & CT Driver's License included: **Yes No**

Date: _____