



# Waterford Ambulance Service, Incorporated

## EMT Employment Application

It is the policy of Waterford Ambulance Service (WAS) that staff members maintain an up to date personnel record and communicate changes in status within fifteen days of such changes to include: (physical address, email address, phone number, primary EMS district, and licensure).

Primary EMS District Responding From : \_\_\_\_\_

### **Applicant Information**

Full Name:		_____	
Address:		_____	
City:	_____	State:	_____ Zip Code: _____
Email:	_____	DOB:	_____
Cell Phone #:	_____	SSN:	_____
Home Phone #:	_____	_____	

Do you have previous EMS work experience?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, where?	_____	
Reason for leaving?	_____	

Are you a citizen of the United States?	<input type="radio"/> Yes	<input type="radio"/> No
Are you legally authorized to work within the United States?	<input type="radio"/> Yes	<input type="radio"/> No

Are you currently a member of one of the Waterford volunteer fire departments?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which one?	_____	

Have you ever filled out an application or worked for WAS before?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, when?	_____	
Reason for leaving?	_____	

Do you have a valid CT driver's license?	<input type="radio"/> Yes	<input type="radio"/> No			
If yes, license #	_____	State:	_____	Type:	_____
Any driving restrictions:	_____				

Do you have a current EMT certification?	<input type="radio"/> Yes	<input type="radio"/> No			
If yes, Certification #	_____	State:	_____	Type:	_____

Please attach a copy of your; EMT Card, CPR Card, Driver's License, and NIMS Certificates (IS 100 & 700).



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Full Name:

## **Applicant Education**

*You may attach your Resume in lieu of filling out this section, provided all relevant information is included.*

High School Name:				
Address:				
Years Attended:				
Graduate?			<input type="radio"/> Yes	<input type="radio"/> No

College, University or Trade School Name:				
Address:				
Years Attended:	Number of Credits:	GPA:		
Graduate?			<input type="radio"/> Yes	<input type="radio"/> No

College, University or Trade School Name:				
Address:				
Years Attended:	Number of Credits:	GPA:		
Graduate?			<input type="radio"/> Yes	<input type="radio"/> No

College, University or Trade School Name:				
Address:				
Years Attended:	Number of Credits:	GPA:		
Graduate?			<input type="radio"/> Yes	<input type="radio"/> No

Summarize any Special Skills or Qualifications:



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### **Applicants Previous Employment History**

*You may attach your Resume in lieu of filling out this section, provided all relevant information is included.*

Start with your present or last job, and include any job-related volunteer activities. Attach additional sheets if necessary.

U.S. Military Service:	<input type="radio"/> Yes	<input type="radio"/> No
Branch of service:		
Dates of service: From ___/___/___ To ___/___/___		
Highest rank achieved:		
Type of discharge:		
Your job title (MOS) and responsibilities:		

<b>Company:</b>		
Address:		
Dates of employment: From ___/___/___ To ___/___/___		
Supervisor: _____ Supervisors Phone Number: _____		
Your job title and responsibilities:		
Reason for leaving:		
May we contact this supervisor for a reference?	<input type="radio"/> Yes	<input type="radio"/> No

<b>Company:</b>		
Address:		
Dates of employment: From ___/___/___ To ___/___/___		
Supervisor: _____ Supervisors Phone Number: _____		
Your job title and responsibilities:		
Reason for leaving:		
May we contact this supervisor for a reference?	<input type="radio"/> Yes	<input type="radio"/> No

<b>Company:</b>		
Address:		
Dates of employment: From ___/___/___ To ___/___/___		
Supervisor: _____ Supervisors Phone Number: _____		
Your job title and responsibilities:		
Reason for leaving:		
May we contact this supervisor for a reference?	<input type="radio"/> Yes	<input type="radio"/> No



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Full Name:

## **Applicants References**

*You may attach your Resume in lieu of filling out this section, provided all relevant information is included.*

Using the boxes below, please furnish at least two or more people to whom you are not related and by whom you have not been employed by as references. Attach additional sheets if necessary.

Full Name:					
Address:					
City:		State:		Zip Code:	
Phone #:		Email:			
Years Known:		Relationship:			

Full Name:					
Address:					
City:		State:		Zip Code:	
Phone #:		Email:			
Years Known:		Relationship:			

Full Name:					
Address:					
City:		State:		Zip Code:	
Phone #:		Email:			
Years Known:		Relationship:			

Full Name:					
Address:					
City:		State:		Zip Code:	
Phone #:		Email:			
Years Known:		Relationship:			



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## Applicant's Statement

The information that I have provided on this application is true and complete to the best of my knowledge. 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 employment or if employed, termination of employment. Any offer of employment I may receive is contingent upon my successful completion of the total pre-employment screening process, including your receipt of references which you consider satisfactory and my satisfactory completion of any pre-employment physical examination which you may require.

In processing my application for employment, 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 am hired my employment and compensation can be terminated with cause or notice, at any time, at the option of either Waterford Ambulance Service, Inc. or myself. I further 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, physical address, email address, contact phone number, and licensure.

I understand that my final employment status will be based on completing the WAS EMT Field Training Program which will establish my knowledge, skills and physical ability to meet the rigorous demands placed on myself by such emergency response situations and working conditions as observed and documented by the WAS Field Training Officer(s).

### I HAVE READ AND UNDERSTAND THE ABOVE,

[Signature Line]

Signature

[Date Line]

Date

For Human Resource Use Only	
Arrange Interview	<input type="radio"/> Yes <input type="radio"/> No
Remarks:	[Remarks Line]
Interviewers:	[Interviewers Line] Date [Date Line]
Employed	<input type="radio"/> Yes <input type="radio"/> No Date of Employment [Date Line]
Interviewers Signature & Title	[Signature Line] Date [Date Line]

Please return this application to the Waterford Ambulance Service at either of the following:

**Mail:** c/o WAS President, P.O Box 286, Waterford, CT 06385,

**Drop off:** At the WAS Office located within the Waterford Public Safety Complex, 204 Boston Post Road, Waterford, CT 06385