



COMPLETE THIS ENTIRE APPLICATION AND RETURN TO:
 Haddam Volunteer Ambulance Service, Inc
 Post Office Box 48
 Higganum CT 06441 Tel 860-345-2500

GENERAL INFORMATION

Date of Application:		Position Desired: <input type="checkbox"/> EMT <input type="checkbox"/> EMR <input type="checkbox"/> Non-medical		
Date Available to Work:		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		
Name: Last		First		Middle
Current Address: Number		Street		City State Zip
Cell Phone:		Carrier	Home Phone:	
Date of Birth:		Work Phone:		
E-mail:		Marital Status:		
In case of emergency contact:			Phone:	
Referral Source:				
Employed Here Before: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: Position: Reason for Leaving:				
Are you a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

	Name and Location	Years Attended From To	Course of Study	Did you graduate?
High School (or G.E.D.)				
Technical (after high school)				
College				
Other				

TRAINING AND CERTIFICATION

Note: It is illegal to render emergency medical care with an ambulance service in the state of Connecticut without certification from the Office of Emergency Medical Services in Hartford. It is the responsibility of the applicant to be aware of and comply with Connecticut certification requirements. Failure to maintain a required certification can be cause for dismissal.

Training Level:	<input type="checkbox"/> EMR	<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P
Certification/License #			Expiration Date	
Last Certification Courses: Give dates, location and instructors.				
1..				
2.				
3.				
4.				
If not in Office of Emergency Medical Service in Hartford, Connecticut, name state:			Certification #:	

HEALTH HISTORY

Do you have any physical, mental or medical impairments which would interfere with your ability to perform the job for which you have applied? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:	
Date of last physical exam:	Name and address of physician:

MISCELLANEOUS

Driver's License #:	State:	Type:	Expiration Date:
Restrictions:	Car registration #:	Insurance Carrier and Policy #:	

AVAILABILITY

Days: <input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nights: <input type="checkbox"/> Yes <input type="checkbox"/> No
Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

List your work history with the most recent employment first; include volunteer work experience which relates to the type of work for which you are applying.

May we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of current or last employer:	
From (month, year):	To: Title:
Duties:	Reason for leaving:
Immediate supervisor:	Phone:
Name and address of current or last employer:	
From (month, year):	To: Title:
Duties:	Reason for leaving:
Immediate supervisor:	Phone:

REFERENCES – LIST 3 OTHER THAN RELATIVES

Name	Occupation	Years Known	Address	Phone

I certify that the answers on this application are complete and true. Former employers and references are authorized to furnish information concerning me and are released from any liability for any damage done whatsoever for issuing such information. I authorize information to be checked against the Connecticut Department of motor vehicles and Office of Emergency Medical Services records. I realize falsification or omission of any information on this application or during any interview receipt of a poor reference or failure to successfully complete a physical examination at any time, may be cause for my rejection or dismissal. I will submit to any physical examination required at any time by Haddam Volunteer Ambulance Service, Inc. If employed, I agree to observe at all times all company rules and regulations. I understand that I may be transferred to another assignment and/or a different shift due to staffing or call volume and I acknowledge that this may be a condition of my employment. It is illegal to make employment decisions based on age, color, race, sex, religion, national origin or disability. As an equal opportunity employer, Haddam Volunteer Ambulance Service, Inc. will sincerely make every effort to recruit and select people for employment on the basis of job-related requirements.

Signature of Applicant:	Date: