



THE  
**EASTON VOLUNTEER  
 EMERGENCY MEDICAL SERVICE, INC.**  
 P.O. BOX 62 • EASTON, CONNECTICUT 06612 • 203.452.9595 • www.eastonems.com

**PERSONAL INFORMATION**

NAME: (First, MI, Last)					
ADDRESS:			APT:	CITY:	STATE: ZIPCODE:
HOME PHONE:	CELL PHONE:	OTHER PHONE:	D.O.B. MONTH DAY YEAR		SOCIAL SECURITY NUMBER:
E-MAIL ADDRESS:		DRIVER LICENSE #:	STATE:	ARE YOU A U.S. CITIZEN? IF NO, WHAT IS YOUR COUNTRY OF CITIZENSHIP? Yes No	

**EDUCATION**

NAME OF HIGH SCHOOL:				DID YOU GRADUATE? Yes No	
ADDRESS:		CITY:	STATE:	ZIPCODE:	YEAR OF GRADUATION:
NAME OF COLLEGE:			MAJOR:		DID YOU GRADUATE? Yes No
ADDRESS:		CITY:	STATE:	ZIPCODE:	YEAR OF GRADUATION:

**EMPLOYMENT**

NAME OF EMPLOYER:				PHONE:	
ADDRESS:		CITY:	STATE:	ZIPCODE:	LENGTH OF EMPLOYMENT:

**SCHEDULING & AVAILABILITY**

Weekdays	Weekdays	6PM to Midnight	Midnight to 6AM	6PM to 6AM
WHAT TYPE OF POSITION ARE YOU APPLYING FOR? Emergency Medical Technician      Medical Response Technician      Driver				

**PREVIOUS MEDICAL TRAINING** (Please provide copies)

CPR American Heart Association, Expiration: _____ American Red Cross, Expiration: _____	MRT Certificate Number: _____ Expiration Date: _____	EMT Certificate Number: _____ Expiration Date: _____
Advanced Life Support:    Yes    No    If yes, types: _____		
Certification Number: _____	Expiration Date: _____	State of Certification: _____

**REFERENCES** (Please provide 3 individuals, other than family members, whom we may contact for personal references)

1	NAME:			PHONE:	
	ADDRESS:		APT:	CITY:	STATE: ZIPCODE:
2	NAME:			PHONE:	
	ADDRESS:		APT:	CITY:	STATE: ZIPCODE:
3	NAME:			PHONE:	
	ADDRESS:		APT:	CITY:	STATE: ZIPCODE:

# BACKGROUND

Have you been involved in any automobile accidents in the last two years?      Yes      No  
If yes, explain:

Have you ever been convicted of a crime other than minor traffic violations in this state or elsewhere?      Yes      No  
If yes, explain:

Do you take any prescribed drugs or medications regularly?      Yes      No  
If yes, what type of drug is taken? \_\_\_\_\_  
For what purpose? \_\_\_\_\_

Do you have any medical problems that would limit your ability to perform as an EMT or Driver?      Yes      No  
If yes, explain:

Why do you want to join the Easton Volunteer Emergency Medical Service?

I certify that all of the above is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date



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## HOLD HARMLESS AGREEMENT

I, (print name) \_\_\_\_\_ hereby authorize the Town of Easton to inquire of any and all previous employers, public or governmental officials or agencies, law enforcement agencies, or any other persons regarding my experience, reputation, character, ability, and qualifications for membership to the Easton Volunteer Emergency Medical Service as an Emergency Medical Technician, Medical Response Technician, or Driver. I agree to hold harmless with respect to any information they may give, hereby releasing them from any liability to me arising therefrom.

I certify that the foregoing answers are true, correct, and complete to the best of my knowledge and belief.

I understand that false answers and or statements or omissions made on this application shall be considered sufficient cause for dismissal from the Easton Volunteer Emergency Medical Service.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



# Medical Certification

Name \_\_\_\_\_ Date of Physical \_\_\_\_\_  
DOB \_\_\_\_\_  
Address \_\_\_\_\_

Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Weight \_\_\_\_\_ Pulse \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Date of Last Tetnus \_\_\_\_\_

Hepatitis B Vaccine 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

I certify that the above individual is physically able to work at Easton Volunteer Emergency Medical Service

Yes \_\_\_\_\_ No \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, **Easton Volunteer Emergency Medical Service** (the "Company") will order a "consumer report" (a background report) on you in connection with your volunteer application, and if you are accepted as a volunteer, or if you already volunteer for the Company, may order additional background reports on you for volunteer purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 203 452 9595. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

**STATE SPECIFIC NOTICES**

If you live or volunteer for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my time as a volunteer without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration as a volunteer with the Company, or if I am hired or already volunteer for the Company, that my service as a volunteer may be terminated.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_

_____ Signature	____/____/____ Date: (Month/Day/Year)
<p><b>If you live or volunteer for the Company in California, Minnesota or Oklahoma:</b> Check this box if you would like a free copy of your background check report: <input type="checkbox"/></p>	

**NEW YORK CORRECTION LAW  
ARTICLE 23-A  
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.