



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

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION** (ATTACH A COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT)

NAME: (First, MI, Last)						
ADDRESS:			APT:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	OTHER PHONE:	D.O.B.		SOCIAL SECURITY NUMBER:	
E-MAIL ADDRESS:		ARE YOU A U.S. CITIZEN?		YES	NO	IF NO, WHAT IS YOUR COUNTRY OF CITIZENSHIP?

**EDUCATION**

NAME OF HIGH SCHOOL:				DID YOU GRADUATE?		
				YES	NO	
ADDRESS:		CITY:	STATE:	ZIP CODE:	YEAR OF GRADUATION:	
NAME OF COLLEGE:			MAJOR:		DID YOU GRADUATE?	
					YES	NO
ADDRESS:		CITY:	STATE:	ZIP CODE:	YEAR OF GRADUATION OR LAST YEAR COMPLETED:	
BUILDING NAME OF ON CAMPUS HOUSING:					ROOM #:	

**CURRENT EMPLOYMENT**

NAME OF EMPLOYER:				PHONE:	
ADDRESS:		CITY:	STATE:	ZIP CODE:	LENGTH OF EMPLOYMENT:
JOB NOTES, TASKS PERFORMED, REASON FOR LEAVING:					

**SCHEDULING & AVAILABILITY**

Weekdays	Weekends	Live-in	00:00-07:00	07:00-15:00	15:00-18:00	18:00-00:00
WHAT TYPE OF POSITION ARE YOU APPLYING FOR?			Emergency Medical Technician (EMT)	Emergency Medical Responder (EMR)		

**LICENSES/CERTIFICATIONS** (PROVIDE COPIES)

CT DRIVER LICENSE NUMBER: \_\_\_\_\_

CPR

AHA EXPIRATION DATE: \_\_\_\_\_

EMR EXPIRATION DATE: \_\_\_\_\_ CERTIFICATION #: \_\_\_\_\_

NREMT EXPIRATION DATE: \_\_\_\_\_ CERTIFICATION #: \_\_\_\_\_

EMT EXPIRATION DATE: \_\_\_\_\_ CERTIFICATION #: \_\_\_\_\_ LOCATION OF CLASS: \_\_\_\_\_

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

1	NAME: (FIRST, MI, LAST)	EMAIL:		PHONE:	
	ADDRESS:	APT:	CITY:	STATE:	ZIP:
2	NAME: (FIRST, MI, LAST)	EMAIL:		PHONE:	
	ADDRESS:	APT:	CITY:	STATE:	ZIP:
3	NAME: (FIRST, MI, LAST)	EMAIL:		PHONE:	
	ADDRESS:	APT:	CITY:	STATE:	ZIP:

# EMERGENCY CONTACTS

1	NAME: (FIRST, MI, LAST)	EMAIL:		PHONE:	
	ADDRESS:	APT:	CITY:	STATE:	ZIP:
2	NAME: (FIRST, MI, LAST)	EMAIL:		PHONE:	
	ADDRESS:	APT:	CITY:	STATE:	ZIP:

## BACKGROUND *(If needed, attach additional paper with continued explanation)*

Interests/Hobbies/Awards:

Volunteer Work/Sports Teams/Other Activities:

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 EMR?      Yes      No  
 If yes, explain:

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

Is there anything else you feel we should know about you?

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

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

\_\_\_\_\_  
 Date

DO NOT WRITE BELOW THIS LINE

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

\_\_\_\_\_  
 Date