



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



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

**APPLICANT'S ATTESTATION**

**Please read the following statement and sign in the presence of a Notary Public:**

I hereby certify that I have not been convicted of a crime involving moral turpitude (e.g., fraud, perjury, tax evasion, theft, embezzlement, solicitation, etc.) within the last three (3) years, nor am I currently addicted to alcohol or drugs either prescription or illicit.

My signature below acknowledges that, upon acceptance of my application, I shall be provided with the policy and procedures manual for Easton Volunteer Emergency Medical Service (EVEMS). I understand that I am responsible for the comprehension of and adherence to the contents of this manual and that failure to adhere to its policies and procedures may result in discipline and/or dismissal.

I declare that the statements made within this application are true and correct to the best of my knowledge. I realize that falsification of any information on this application is grounds for disqualification now or at any time thereafter.

I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for discipline and/or dismissal from EVEMS now or at any time thereafter.

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

\_\_\_\_\_  
 Signature of Parent (if applicant is < 18 years old) \_\_\_\_\_  
Date

**STATE OF CONNECTICUT**

County of: \_\_\_\_\_ ss: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the applicant,  
 \_\_\_\_\_, personally, appeared before me, and proved to me  
 through satisfactory evidence of identification, which were \_\_\_\_\_ to be  
 the person whose name is listed above on this document in my presence.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
 Signature of Notary Public \_\_\_\_\_  
Date Commission Expires



THE  
**EASTON VOLUNTEER  
EMERGENCY MEDICAL SERVICE, INC.**  
P.O. BOX 62 • EASTON, CONNECTICUT 06612 • 203.452.9595 • [www.eastonems.com](http://www.eastonems.com)

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety of our customers, employees and property, The Easton Volunteer Emergency Medical Service (herein referred to as “the Company”) will order a Consumer Report (background report) or “investigative consumer 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 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 check; verification of prior employment; references, 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 SASS or another outside organization.

The Company will engage APD Screening and Selection Services (ADP SASS), to prepare the background report. You may request more information about the nature and scope of an investigative consumer report, by telephoning the Company at 203-452-9595. A summary of your rights under the Fair Credit Reporting Act is being provided to you with this authorization form.

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 employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company 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; if applicable, worker’s compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state, or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company 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.

# BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company 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 the personal information I provided is true and correct.

Print Full Name : \_\_\_\_\_

Maiden/Other Names Used: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

*List Addresses for the Past 7 Years (use a separate sheet if necessary):*

Previous Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From – To : \_\_\_\_\_

month / year – month/year

Previous Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From / To: \_\_\_\_\_

month / year – month/year

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

\_\_\_\_\_  
**Date**

## STATE OF CONNECTICUT

County of: \_\_\_\_\_

SS: \_\_\_\_\_

Subscribed and sworn to me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Date Commission Expires**

I, \_\_\_\_\_, (APPLICANT'S NAME) do hereby authorize a review of, and full disclosure of all records or any part thereof, concerning myself by and to a duly authorized agent of The Easton Volunteer Emergency Medical Service, Inc., whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts; credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals; employment and pre-employment records including background reports and previous polygraph reports, sufficiency ratings, complaints or grievances filled by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest; citizenship and/or naturalization information; military history information; personal history investigation reports including statements of interviews, records of civic and other organizations subversive and non-subversive; copies of application for employment. \_\_\_\_\_

Initial

It is the intent of this authorization to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for The Easton Volunteer Emergency Medical Service, Inc., to consider in determining my suitability for employment by The Easton Volunteer Emergency Medical Service, Inc. It is my specific intent to provide access to personal information however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein. \_\_\_\_\_

Initial

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Easton Volunteer Emergency Medical Service, Inc. I have had explained to me and I fully understand that the refusal to grant this authorization will not of itself, constitute a basis for rejection of my application. \_\_\_\_\_

Initial

A photocopy/facsimile of this release will be valid as an original hereof, even though the said photocopy/facsimile does not contain an original writing of my signature. \_\_\_\_\_

Initial



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

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

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_, my commission expires \_\_\_\_\_.

Notary Signature

