



# Employment Application

Position Applying for :  DRIVER/EMR  EMT  Social Member      Date: \_\_\_\_\_

## **Applicant Information:**

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever filled out an application with this company before?     Yes     No

If yes, when? \_\_\_\_\_

Have you ever worked for this company before?     Yes     No

If yes, when? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you a citizen of the United States?     Yes     No

Are you now legally allowed to work in the United States?     Yes     No

Date available to start: \_\_\_\_\_

Do you have a valid driver's license?:     Yes     No

If yes, Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are there any restrictions on your ability to operate a motor vehicle?     Yes     No

Do you have a valid Connecticut Commercial Driver's License?     Yes     No

Have you ever pled "guilty" , "no contest" or been convicted of a crime?     Yes     No

If yes, give dates and details, including city, county and state of conviction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness, and nature of violation, rehabilitation, and position applied for will be considered.*

Applicant name: \_\_\_\_\_

**Specialized Job Requirements:**

Do you currently hold any specialized licenses or certifications?       Yes    No

If yes, please specify:

Title: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Title: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate?    Yes    No

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate?    Yes    No   Degree: \_\_\_\_\_

**Summerize your special skills or qualification:**

*(You may attach your Resume in lieu of filling out this section, but the Resume must contain a summary of skills and/or qualification.)*

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**Copies of any certifications ( CPR, EMT, EMR, etc.) CT Driver’s License, Driving History and CT Background Check must be included with application.**

Applicant name: \_\_\_\_\_

## Previous Employment

(Start with your present or last jobs; include any job-related military service assignments and volunteer activities. Attach additional sheets if necessary. You may attach your Resume in lieu of filling out this section):

**No applicant will be considered until all information requested below has been provided.**

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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## References:

*Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 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 Stonington Volunteer Ambulance Corps, 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 Stonington Volunteer Ambulance Corps, 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 Stonington Volunteer Ambulance Corps, Inc. is "at will" and that if I am hired my employment and compensation can be terminated with or without cause or notice, at any time, for any reason, at the option of either Stonington Volunteer Ambulance Corps, Inc. or myself. I further understand that no employee, manager, office or representative of Stonington Volunteer Ambulance Corps, Inc., other than the President/CEO, has the authority to enter into any agreement providing me with employment for any specified period of time, and no authority to make any written or oral employment agreement providing me with employment for any terms, conditions, benefits or privileges of employment Stonington Volunteer Ambulance Corps, Inc. I further understand that any such agreement or representation, if made, shall not be valid or enforceable unless it is in writing and signed by the Stonington Volunteer Ambulance Corps, Inc. President/CEO.

**I HAVE READ AND UNDERSTAND THE ABOVE,**

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

Please Mail to: Stonington Volunteer Ambulance Corps, Inc. Attn: Commander, P.O Box 424, Stonington, CT, 06378

