



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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RECORDS RELEASE

I, (print name) _____ hereby authorize the Easton Volunteer Emergency Medical Service and the Easton Police Department to check for any criminal records and living history for the purpose of pursuing a background investigation which may provide pertinent data for the Easton Volunteer Emergency Medical Service to determine my suitability to become a volunteer with the Easton Volunteer Emergency Medical Service.

I understand that any information obtained by this investigation will be considered in determining my suitability to volunteer for the Easton Volunteer Emergency Medical Service. I have had it 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.

NAME: (First, MI, Last)					
ADDRESS:			APT:	CITY:	STATE: ZIPCODE:
HOME PHONE:	CELL PHONE:	OTHER PHONE:	D.O.B. MONTH DAY YEAR		SOCIAL SECURITY NUMBER:

Subscribed and sworn to before me on this the _____ day of _____, _____

Signature of Applicant

Notary Public



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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