

Glastonbury EMS Membership Application

Glastonbury EMS is committed to a policy of non - discrimination and equal opportunity for all qualified employees and applicants for membership. This organization does not discriminate on the basis of race, color, gender, age, religion, marital status, national origin, ancestry, veteran's status, sexual orientation or disability, as defined by law.

Please answer all of the following questions fully and accurately. Please type or print.

Section 1 PERSONAL INFORMATION

Name: First	Middle Initial	Last
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Street Address:	City/State	Zip Code
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Phone: Home	Cell	Business
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Email Address: _____

Are you 18 years of age or older? Yes No If no, date of birth _____

Have you ever been a member of an ambulance, fire, police, rescue, civil defense, or disaster unit?
 Yes No If YES with whom? _____

Have you ever been found guilty of a crime (other than minor traffic violations)?
 Yes No If yes, PLEASE EXPLAIN _____

Do you hold a current State of Connecticut EMT, AEMT, MRT, Paramedic Card? Yes No
 Certification or license Number: _____
Please provide a letter from your Medical Director stating your standing as an AEMT or Paramedic

Duty Time Available: Days (0600 - 1800 hrs) Nights (1800 - 0600 hrs)

Do you have a valid Connecticut Driver's License? Yes No Number: _____

Has your driver's license ever been suspended or revoked? Yes No

Social Security Number: _____

I am applying to become technical member (provide patient care) affiliate member (assist organization)

Section 2 EMERGENCY CONTACT INFORMATION

Name:	First	Last:	
Phone:	Cell	Home	
Email:	Relationship:		
Address:	Street	City/State	Zip Code

Section 3 PERTINENT MEDICAL HISTORY

Do you have any allergies (ie latex)?
Do you have any of the following physical limitations? Check all that apply
<input type="checkbox"/> unable to lift 100 lbs; <input type="checkbox"/> night blindness; <input type="checkbox"/> cardiac history
<input type="checkbox"/> epilepsy/seizure disorder; <input type="checkbox"/> respiratory condition; <input type="checkbox"/> other

Section 4 EMPLOYMENT

List the last three places of employment, including self-employment, summer; part-time; full-time; military service; volunteer service.

May we contact your previous employers? yes No

Employer:	
Address:	
Phone Number:	Dates of Employment:
Reason for Leaving:	

Employer:	
Address:	
Phone Number:	Dates of Employment:
Reason for Leaving:	

Employer:	
Address:	
Phone Number:	Dates of Employment:
Reason for Leaving:	

Section 5 PREVIOUS ADDRESSES 5 years

Street Address	City/State/Zip	years
Street Address	City/State/Zip	years
Street Address	City/State/Zip	years

SECTION 6 REFERENCES

Are you willing to have us contact the references listed before regarding your qualifications and work performance?
_____ Yes _____ No, If no please explain: _____

Please provide name, phone number and email of a friend, employer, EMS personnel
Friend:
Employer:
EMS Personnel:

Section 7 CERTIFICATION

Please read and sign where indicated:

A. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand that non-compliance with this certification will result in rejection of my application or, if I am already a member, immediate discharge from Glastonbury EMS.

B. In the event that I become a member of this organization, I agree to comply with all of its orders, rules and regulations. Glastonbury EMS makes no guarantee of continued membership.

C. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

D. Glastonbury EMS reserves the right to contact pre-employment drug and alcohol testing of all applicants, as well as conduct a background check. Failure to pass the test will result in the withdrawal of any offer of membership.

I hereby acknowledge that I have read the above statements and understand them.	
Signature: _____	Date: _____
Print Name : _____	