



North Central Connecticut Emergency Medical Services Council

120 Holcomb Street
P.O. Box 1833
Hartford, Connecticut 06144-1833
(860) 769-8055 Fax: (860) 769-5259

APPLICATION
FOR
EMPLOYMENT

NORTH CENTRAL
CMED

ANSWER COMPLETELY AND ACCURATELY BELOW - DO NOT REFERENCE RESUME

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LAST NAME FIRST NAME M.I. DATE OF APPLICATION

PRESENT HOME ADDRESS: (NUMBER, STREET, CITY, STATE, & ZIP)

MAILING ADDRESS - IF DIFFERENT FROM HOME ADDRESS (NUMBER, STREET, CITY, STATE, & ZIP)

AREA CODE & TELEPHONE NUMBER

EDUCATION: HIGHEST GRADE COMPLETED? G.E.D.?

	NO. YEARS COMPLETED	DID YOU GRADUATE?	COURSE	NAME & LOCATION OF SCHOOL
HIGH SCHOOL, TECHNICAL OR TRADE SCHOOL				
COLLEGE OR SPECIALIZED TRAINING				
MILITARY COURSES				

LIST ALL FULL TIME, COOPERATIVE, OR MILITARY WORK EXPERIENCE FOR THE PAST 10 YEARS - START WITH THE LATEST EMPLOYER
- INDICATE ALL PERIODS OF UNEMPLOYMENT -

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DATES EMPLOYED				HOURLY PAY RATE	REASON FOR LEAVING
		FROM		TO			
		MO.	YR.	MO.	YR.		

CONTINUE COMPLETING THIS APPLICATION ON THE REVERSE SIDE

TYPE OF WORK DESIRED:	DATE AVAILABLE:	MAY WE CONTACT YOUR PRESENT EMPLOYER?
STARTING RATE EXPECTED: \$	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

CT EMT CERTIFICATION #: _____

EXPIRATION DATE: _____

SEE ATTACHED FOR SHIFTS AVAILABLE.

IF REQUIRED, WOULD YOU BE WILLING TO WORK ANY SHIFT? YES
NO

WHAT PROMPTED YOU TO MAKE THIS APPLICATION? NEWSPAPER AD RADIO OTHER: _____

ARE YOU: UNDER 18? YES NO IF YES, INDICATE AGE: _____

U.S. VETERAN? YES NO IF YES, DATE OF SEPARATION: _____

U.S. CITIZEN? YES NO IF NO, INDICATE TYPE OF VISA: _____

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE?

IF YES, PLEASE LIST THE DATE AND PLACE OF THE OFFENSE, CHARGE AND DISPOSITION. INCLUDE ANY CONVICTIONS AS A RESULT OF COURT MARTIAL WHILE IN THE SERVICE. DO NOT INCLUDE ARRESTS WITHOUT CONVICTIONS OR MOTOR VEHICLE VIOLATIONS FOR WHICH THE ONLY PENALTY IMPOSED WAS A FINE OF \$25 OR LESS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.)

YES NO

REFERENCES: PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER FOR 3 REFERENCES

(NAME) _____ (TELEPHONE #) _____

(ADDRESS) _____

(NAME) _____ (TELEPHONE #) _____

(ADDRESS) _____

(NAME) _____ (TELEPHONE #) _____

(ADDRESS) _____

I HEREBY CERTIFY THAT THE ANSWERS AND STATEMENTS GIVEN BY ME IN THIS APPLICATION ARE CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND. I UNDERSTAND AND AGREE THAT A FALSE STATEMENT OR OMISSION CONSTITUTES SUFFICIENT CAUSE FOR THE WITHDRAWAL OF ANY EMPLOYMENT OFFER OR MY DISMISSAL FROM ANY EMPLOYMENT RESULTING FROM THIS APPLICATION. I AUTHORIZE ALL PERSONS AND COMPANIES NAMED ABOVE, EXCEPTING MY PRESENT EMPLOYER IF SO NOTED, TO FURNISH ANY INFORMATION REGARDING ME WHETHER OR NOT IT IS ON THE RECORDS AND HEREBY RELEASE THEM FROM ALL LIABILITY FOR DAMAGE OR PROVIDING THIS INFORMATION. I UNDERSTAND THAT IF EMPLOYED, THE COMPANY WILL MAINTAIN A PERSONNEL FILE.

APPLICANT'S SIGNATURE

DATE

(FOR OFFICE USE ONLY)

NCCMED Schedule for Part Time Staff

Please indicate by circling the days and shifts you would be available to work.

Monday: 4pm-10pm

Tuesday: 4pm-10pm

Wednesday 4pm-10pm

Thursday: 4pm-10pm

Friday: 8am-4pm

3pm-11pm

4pm-10pm

Saturday: 7am-3pm

10am-6pm

3pm-11pm

6pm-10pm

Sunday: 7am-3pm

10am-6pm

6pm-10pm