



# North Central Connecticut Emergency Medical Services Council

120 Holcomb Street  
P.O. Box 1833  
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(860) 769-6055 Fax: (860) 769-5259

**APPLICATION  
FOR  
EMPLOYMENT**

**NORTH CENTRAL  
CMED**

**ANSWER COMPLETELY AND ACCURATELY BELOW - DO NOT REFERENCE RESUME**

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: \_\_\_\_\_

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

**SHIFT PREFERENCES:**

IN THE BOXES BELOW, INDICATE YOUR SHIFT PREFERENCE, (1ST, 2ND, 3RD) FOR EACH AVAILABLE SHIFT. PLACE AN "X" IN THE BOX FOR SHIFTS YOU COULD NOT WORK.

	MON	TUE	WED	THU	FRI	SAT	SUN
12 AM - 8 AM							
8 AM - 4 PM							
4 PM - 12 AM							

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?

YES  NO

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.)

**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)