

Dear Applicant,

Thank you for your interest in employment with Madison Emergency Medical Services. Please complete the enclosed application packet and provide copies of all relevant certifications, licenses, and training certificates. In addition to the application packet, please include a resume.

Completed application packets can be mailed to:

Madison Emergency Medical Services
C/O Human Resources
9 Old Route 79
Madison, CT 06443

Once your application is received it will be reviewed for accuracy and completeness. Incomplete applications will be disqualified.

Thank you,

Christopher J. Bernier
EMS Director
Madison EMS



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address (current)			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Street Address (prior)			Apartment/Unit #	
City		State	ZIP	
Driver's License State	Driver's License No.		Expiration Date	

Has your driver's license in any state ever been revoked, suspended or canceled? ** YES NO Have you been sanctioned for a moving violation in the past five years? YES NO

** If yes please describe your answer:

Are you a citizen of the United States? YES NO Are you authorized to work in the United States? YES NO

Position Applied for (circle one)	EMT	PARAMEDIC	Are you interested in full time or part time employment?
Are you currently licensed as a paramedic in the State of CT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently have medical authorization from the Yale-New Haven Hospital Center for EMS? (formerly Yale-New Haven Sponsor Hospital Program) YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently certified as an EMT in the State of CT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Have you ever been excluded or debarred from practicing with a federal healthcare program? YES NO Have you ever worked for this company? YES NO

If yes, list term and reason for exclusion:

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

CERTIFICATIONS – PLEASE LIST ALL APPLICABLE CERTIFICATIONS AND ATTACH COPIES ON SEPARATE FORM

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
REFERENCES			
(provide references who are not related to you and are not previous employers)			
REFERENCE # 1			
NAME:		RELATIONSHIP:	
PHONE:			
REFERENCE # 2			
NAME:		RELATIONSHIP:	
PHONE:			

STATEMENT OF UNDERSTANDING & SIGNATURE

Please read before signing. If you have any questions regarding this statement, please ask them before signing.

This employment application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, creed, national origin, ancestry, age, pregnancy, sexual orientation, physical or mental disability, veteran’s status, or any other reason prohibited by any applicable law or regulation. A felony conviction will not necessarily bar an applicant from employment.

I understand that such employment is conditioned upon a favorable background check and health evaluation, which will include a physical examination and drug screen by the Organization’s Occupational Health Provider, and to which I hereby assent. I further agree to complete all necessary forms in that regard. Additionally, I authorize the Organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application, unfavorably. I understand this falsification could result in termination of my employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the Organization. If accepted for employment, I agree to have my fingerprints and photograph taken for the purpose of identification and the maintenance of internal security. I understand that past employers/education institutions and/or the military will be contacted for references.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant’s Signature

Date

**BACKGROUND INVESTIGATION CONSENT FORM
MADISON EMERGENCY MEDICAL SERVICES**

Thank you for your interest in employment at Madison Emergency Medical Services. As part of the employment process, certain information may be requested as it relates to the employment you seek. Your signature on this document indicates that you have read and understand the conditions set forth by Madison Emergency Medical Services.

* * * * *

I understand Madison Emergency Medical Services may perform a pre-employment background investigation to determine my suitability for the employment I seek; I hereby authorize Madison Emergency Medical Services to secure the information necessary to make such a decision. I further understand that while an offer of employment might precede any such investigation, actual employment is contingent upon a determination of my suitability for the employment I seek.

I certify that if I am offered a position I will provide Madison Emergency Medical Services acceptable documents on my first day of employment that show that I am legally permitted to work in the United States.

By signing this document, I authorize Madison Emergency Medical Services to conduct a background investigation. I also certify that the information provided in my resume and/or letter of employment is accurate, and, if offered employment, I understand that any information falsely provided will be sufficient grounds for the immediate termination of my employment.

I hereby authorize the release of the information related to this investigation, and further release from liability any and all individuals and organizations who provide information to Madison Emergency Medical Services concerning my professional competence, ethics, character, criminal record (if any), and qualifications and authorize my prior employers to release any such requested information about my employment.

Signature

Date

Please note: You will not be considered for employment if you do not provide the authorization for Madison Emergency Medical Services to conduct the background investigation identified above. Date of birth and Social Security number will be used only to complete the background investigation and will not become part of the selection process.

Name

Name (maiden/alias)

Date of Birth

Social Security Number

Last three states of residence:

1) _____
Address City State, Zip _____
to
Dates of Residence

2) _____
Address City State, Zip _____
to
Dates of Residence

3) _____
Address City State, Zip _____
to
Dates of Residence

(Federal Law prohibits discrimination against persons age 40 and over. Date of birth is used for verification purposes only and is not released to the hiring official or search committee prior to an individual's acceptance of employment)