



Bloomfield Volunteer Ambulance Service

785 Park Avenue
Bloomfield, CT 06002
(860) 243-3482
www.bloomfieldems.com

Position: *Emergency Medical Technician* Date of Application: _____

Are you a current State of Connecticut Emergency Medical Technician: Yes___ No___

If Yes Certification Number: _____

Last Name: _____ First Name: _____

Address1: _____

Address2: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Mobile Phone #: _____

Fax #: _____ E-mail Address: _____

Are you 18 Years or Older: Yes___ No___ DOB (MM/DD/YYYY): _____

Gender (M/F): _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Employment History

Have you ever been asked to leave a job or position? Yes___ NO___

If yes please explain:

Please list your employment history with the most recent position first:

Employer: _____

Address: _____

Your position: _____

Phone: _____

Time with this employer: _____

Supervisor's Name: _____

Phone: _____

Reason for leaving:

Employer: _____

Address: _____

Your position: _____

Phone: _____

Time with this employer: _____

Supervisor's Name: _____

Phone: _____

Reason for leaving:

Employer: _____

Address: _____

Your position: _____

Phone: _____

Time with this employer: _____

Supervisor's Name: _____

Phone: _____

Reason for leaving:

Medical Information

Physician Name: _____ Physician Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Personal History

Have you ever been arrested: Yes____ No____

If yes please explain in detail:

References

Please list two references non-relative and not living with you

Name: _____

Address: _____ Phone: _____

How long have you know this person: _____

How do you know this person: _____

Name: _____

Address: _____ Phone: _____

How long have you know this person: _____

How do you know this person: _____

Certification Page

1. I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that the misrepresentation, omission or falsification of any information on this application is grounds for denial of employment or termination from employment if employment has already commenced.
2. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the application process.
3. I give my consent for the Bloomfield Police Department to conduct a criminal and driver history check. I understand that based on the findings of this check, grounds for immediate dismissal from the application process could occur. I also give my consent for personal references, previous employers and educational institutions concerning my employment or personal history to be checked.
4. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
5. The acceptance of this application or the granting of an interview does not constitute an offer of employment or an employment agreement of any kind. In the event I am employed by the Town, I understand that the terms and conditions of my employment will be governed by the orders, rules, regulations of the Town of Bloomfield.
6. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at the time of appointment.
7. Applicants are subject to pre-employment drug testing pursuant to Connecticut General Statutes 31-5v. A positive test result is grounds for denial of employment or the withdrawal of any offer of employment. Individuals who are employed in positions designated as safety sensitive/high risk, or in positions requiring Commercial driver's licenses will be subject to random testing pursuant to state and federal law.

By signing this application I hereby acknowledge that I have read the above statements and fully understand them.

Applications Signature: _____ Date signed: _____

Print Name of applicant: _____