



North Stonington Ambulance Association

...A System To Save Your Life

APPLICATION FOR MEMBERSHIP

Completed applications should be returned to:

Via Mail:

North Stonington Ambulance
Human Resources
PO Box 367
North Stonington, CT 06359

In Person:

North Stonington Ambulance
Drop-box
10 Mains Crossing Rd
North Stonington, CT 06359

NOTE

All areas of this application must be typed or printed with **black ink only**.

North Stonington Ambulance is an equal opportunity employer and supports diversity in the workplace. EEO

Personal Information

Section 1 of 6

Last Name	First	Middle	Social Security Number
Mailing Address		City	State
			Zip
Primary Phone Number	Secondary Phone Number	E-Mail Address	

Are you legally eligible for employment in the United States...? Yes No

Are you of legal age to work...? Yes No

If you answered yes to any of the above questions, documentation will be required at a later time.

History

Section 2 of 6

Have you ever worked for us before...? Yes No

If yes... Hire Date: ____/____/____ Title: _____ Salary: _____

Please list your past places of employment starting with the most recent. If additional spaces are needed please use a blank sheet and attach it to this application.

Business Name: _____	Start Date: _____
Phone Number: _____	End Date: _____
City and State: _____	Salary: _____
Supervisors Name: _____	Position Held: _____
	Reason for Leaving: _____

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Phone Number: _____	End Date: _____
City and State: _____	Salary: _____
Supervisors Name: _____	Position Held: _____
	Reason for Leaving: _____

Character References

Section 3 of 6

Please list two (2) individuals, not relatives or former employers, we may contact.

Name	Phone Number	Relationship	Years Known

	Name of School	Highest Level Completed				Degree Received	
High School		9	10	11	12	Diploma	GED
College		1	2	3	4	Yes	No
Other School		1	2	3	4	Yes	No

Certifications

Description	Identification Number	Date Issued
MRT		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Special Skills and/or Abilities

Position

What position are you applying for? _____

- Volunteer: Call Taking
 Service

Availability

Please provide your availability in the spaces below. Be sure to indicate any days that you are not able to work.

SUN	MON	TUE	WED	THU	FRI	SAT

Please Read Carefully - Initial And Sign Below

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

The information set forth in my application for employment is true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

Initial Here

I understand and agree that my employment is at-will and can be terminated by either party, with or without written notice, at any time, for any reason, or no reason. No person other than an officer of the company has the authority to enter into any agreement for employment for any specified amount of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer of the company.

Initial Here

I authorize North Stonington Ambulance Association to make any investigations of my personal history, social security, criminal records, and motor vehicle records through any investigative agencies or bureaus of their choice.

Initial Here

Furthermore, in signing this application for employment I am authorizing North Stonington Ambulance Association to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand North Stonington Ambulance Association will solicit information from their current employees as to their knowledge of my reputation and character. I understand that this is accomplished by posting my name in a list of applicants viewable by all personnel of this company.

I hereby release from all liability in conjunction with my application for employment; North Stonington Ambulance Association, any school, past employer, business, organized group, company, department, or individual who renders such information of my personal information, history, characteristics, conduct, or information requested thereof.

I understand that I have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

Date (MM/DD/YY)

This Area For Office Use Only

Application Received By

Date

Review Date

Resume