



**North Central Connecticut
Emergency Medical Services Council**

120 Holcomb Street
P.O. Box 1833
Hartford, CT 06144-1833
(860)769-6055 Fax: (860) 769-5259

**APPLICATION
FOR
EMPLOYMENT

NORTH CENTRAL
CMED**

ANSWER COMPLETELY AND ACCURATELY BELOW – DO NOT REFERENCE RESUME

							Date:	
NAME(Last)			(First)			(MI)	Suffix (Jr.)	
ADDRESS(Number & Street)								
CITY					State	ZIP CODE(Last 4 digits are optional)		
AREA CODE PHONE NUMBER				DAYS/HOURS AVAILABLE TO WORK				
POSITION APPLIED FOR								
DESIRED HOURLY RATE OF PAY				EMAIL ADDRESS				
What kind of position are you applying for? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Are you over the age of 17? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO								
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	DID YOU GRADUATE?	
			FROM	TO				
HIGH SCHOOL								
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								
Have you been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO								
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.								
List additional skills, knowledge and abilities you possess:								

List all Full Time, Cooperative, or Military Work Experience for the past 10 years – Start with Latest Employer – Indicate all periods of unemployment – (Use Additional sheet if needed)

Name & Address of Employer	Job Title	Dates Employed				REASON FOR LEAVING
		From		To		
		MO.	YR.	MO.	YR.	
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>						
CT EMT Certification #:				Expiration Date:		
If required, would you be willing to work any shift? YES <input type="checkbox"/> NO <input type="checkbox"/>						

References: PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR THREE REFERENCES

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGN:	DATE:
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Submit application to:

North Central Connecticut Emergency Medical Services Council
 P.O. Box 1833, Hartford, CT 06144
 Fax: 860-769-5259 or email: wallacej@northcentralctems.org