



Dear Prospective Applicant:

Thank you for your interest in joining the Stratford Emergency Medical Service as a volunteer Provider. In order to process your application in the most-timely manner, please be sure all paperwork has been completed and appropriate copies are enclosed with your returned application to Stratford EMS. The following is a checklist of such documents:

- Cover Letter & Resume (preferred)
- Copy of Valid Drivers License
- Copies of all current/relevant certifications (State/NREMT, CPR, ACLS/PALS, ITLS/PHTLS.)
- Copies of NIMS 100, 200, 700 & 800
(<http://training.fema.gov>)
- CEVO/EVOC?; EMS-I?; FTO?
- State Mandated Sexual Harassment Training
(<https://portal.ct.gov/CHRO/Sexual-Harassment-Prevention-Training>)
- Vaccinator Training
(<https://www.train.org/connecticut/course/1095426/>)
- Any other certification you feel are relevant to EMS

The completed packet may be hand delivered to: EMS at 2712 Main Street, Stratford, CT 06615) or scanned and emailed to: emsadmin@townofstratford.com

Once this completed information is received and reviewed, you will be contacted by Stratford EMS to setup a date/time for an interview. Following a successful interview, the EMS Department will forward your interview documentation to Human Resources for processing. Upon clearing your background check, you will be contacted to setup your physical examination and drug screen.

Once this process has been successfully completed, Human Resources will contact the EMS Department to advise whether or not you have been approved for hire at Stratford EMS. You will then be scheduled for the next available orientation.

We understand that this process may take some time however, because of the sensitive and secure nature of the work we do, all members must be properly and professionally vetted during the on boarding process.

Please contact the EMS Administrative Office at 203-385-4060 or via e-mail at emsadmin@stratfordems.org if you have any questions during the process.

We look forward to helping you begin a rewarding experience with Stratford EMS.

Please visit our website at www.stratfordems.org to learn more about Stratford EMS.





TOWN OF STRATFORD
Human Resources Department
2725 Main Street
Stratford, CT 06615
Tel. (203) 385-4007
Fax (203) 385-4037

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

TODAY'S DATE: _____

Name: _____

Telephone #: _____ Cellular #: _____

E-mail Address: _____

Present Address:

No. Street City State Zip

Previous Address:

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes No

If hired, you will be required to submit proof of eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes No Driver's License # _____

Are you related to anyone that currently works for the Town of Stratford or Board of Education? Yes No

If Yes, please provide their name, relationship and department:

Name Relationship Dept.

EMPLOYMENT DESIRED

Position(s) applied for _____

Were you previously employed by the Town of Stratford? Yes No

If yes, when, what Department? _____

If your application is considered favorably, on what date will you be available for work? _____

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No If No, please explain:

Can you travel if your job requires it? Yes No

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent employment.

Name, Address & Telephone No. of Company	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

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Describe the work you did:					

Name, Address & Telephone No. of Company	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

Education: Name & Location of School

Last Year
Completed

Did you
Graduate?

Type Degree/
Diploma

Elementary

High School

College

Other

General Information:

Subjects of Special Study or Research Work:

Special Skills/Licenses/Certifications:

U.S. Military or Naval Service: _____ Rank: _____

Present Member in National Guard or Reserves: _____

REFERENCES: (Not Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes No

If yes, what is the best number and time to call? _____

May we telephone you to follow up on this application at work? Yes No

If yes, what is the best time to call? _____

What is your business telephone number? _____

PRE-EMPLOYMENT STATEMENT (Please read carefully)

I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief. I understand that incomplete, false, inaccurate, or misleading information given in my application, interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided, whether willingly or accidental, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

I understand that this application is not a contract of employment nor is it a guarantee or indication of employment. I also understand that should I be granted an interview, the representations that may be made at the interview are not to be construed as creating any obligation, promise or contract on behalf of the Town of Stratford. Should I be employed by the Town, in consideration of my employment, I agree to conform to the rules and policies of the Town of Stratford, as they may from time to time be implemented or revised. Identification and verification of eligibility to work in the United States must be satisfied for employment.

I further understand that in consideration for employment, an investigative background report may be prepared at the request of the Town of Stratford, whereby information may be obtained from my employers (present or former), educational institutions, all branches of the U.S. Military service, and public records maintained by government agencies or others, including but not limited to criminal conviction reports, credit reports, etc. I authorize the Town of Stratford and its designated representative(s) to perform this investigation, and further authorize present and former employers, references and other persons to provide information for the investigation. I also authorize the Town of Stratford to receive criminal conviction records pertaining to me, which may be in the files of any criminal justice agency.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. Any offer of employment will be contingent upon passing a drug test and medical examination. I authorize medical provider(s) to release any/all medical information to the Town pursuant to its pre-employment physical and drug screen procedures in accordance with HIPPA.

I have read, understand and agree to the foregoing.

Signature of Applicant _____ Date _____

Job applications may be mailed to the above address or faxed to (203) 385-4037. It is the applicant's responsibility to confirm that their application was received. The Town of Stratford is not responsible for problems with fax transmission or postal delivery of job applications. Job applications must be received by the Department of Human Resources no later than 4:30 PM on the CLOSING DATE indicated for each available position listed under Town of Stratford job listings or postings. For more information on Town of Stratford employment opportunities, log on to www.townofstratford.com or call (203) 385-4007 for any current job openings.

APPLICANT DISCLOSURE FORM

1. CANDIDATE INFORMATION

It is the policy of the Town of Stratford to recruit, hire and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this part of the pre-employment process. Applicants so choosing may identify on the form that they have chosen NOT to provide the Town of Stratford with the requested information by checking the appropriate box below. This information will not affect in any way your employment opportunities. This form will be removed from the application.

2. GENERAL INFORMATION

Name: _____ Date: _____

3. STATISTICAL INFORMATION

Race/Ethnic Identification: (Please check one)

Job Classification

American Indian or Alaska Native

_____ Title of the position for which you are applying

Asian

Black or African American

Hispanic or Latino

Gender:

Native Hawaiian or Other Pacific Islander

Male

White

Female

Other (specify) _____

4. NON-PARTICIPATION

I have read the above statement and have chosen NOT to complete this form.

5. RECRUITING INFORMATION

How did you hear about this job? (Please check one)

Connecticut Post

Human Resources Posting

New Haven Register

Town Website

Town Employee
(please give name: _____)

Professional Journal

Internet
(please give site: _____)

Other
(please specify: _____)



TOWN OF STRATFORD
Background Consent/Release Form

Employee's Legal Name (printed)

Social Security Number

Date of Birth

Employee's Address

City

State

Zip

I, _____, authorize and give consent for the Town of Stratford to obtain information regarding myself. This includes the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Motor Vehicle Check (Driver's License) | <input type="checkbox"/> Social Security Verification |
| <input type="checkbox"/> Criminal Background Records/Information | <input type="checkbox"/> Financial Check |
| <input type="checkbox"/> Sex Offender Registry Check | <input type="checkbox"/> Professional References Verification |
| <input type="checkbox"/> Address Verification & History | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Workers Compensation History | |

The undersigned hereby authorizes this information to be obtained either in writing or via telephone. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the Town's guidelines. With respect to any information received by the Town as a result of this authorization that is subject to State and Federal prevailing law, the Town will handle the information in accordance with applicable laws.

Date: _____

Print Name: _____

Signature: _____

If under 18, Parent Signature Required: _____



TOWN OF STRATFORD VOLUNTEER APPLICANT

Volunteer Name (Print): _____
FIRST MI LAST

Address: _____

City: _____ State: _____ Zip: _____

This is to certify that I have examined the above named person and found him/her to be in good health and free from medical or emotional illness or disorder or addiction that would currently pose a risk to adults and/or children in care or interfere with effective functioning as a volunteer in a Town sponsored program.

Signature of Physician*: _____ Date of Visit: _____

Name of Physician (Print): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

List any special accommodations/conditions or limitations below:

*This statement may be signed by a licensed physician, advanced practice registered nurse, or physician assistant.

STRATFORD EMS OBSERVER WAIVER

In consideration of the benefits to be derived from participation in observing with Stratford EMS, the undersigned does hereby release and discharge Stratford Emergency Medical Service and the Town of Stratford, and any officer, employee, volunteer or member of said entities from any and all claim or damage which may arise out of or from the participation by said EMS Observer with Stratford Emergency Medical Service, including but not limited to responding to emergency calls with Stratford Emergency Medical Service.

Signature: _____ Date: _____

