TOWN OF STRATFORD

Dear Prospective Applicant:

Thank you for your interest in joining **Stratford EMS** as a volunteer provider. To avoid delays in processing your application, please complete all required paperwork and include copies of all required supporting 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)
- ☐ CT Mandated Reporter Training:
  (https://www.proprofs.com/training/course/?title=communitymrt2022_6282bfc17cb23)
- ☐ Mandated Education in Reporting of Edler Abuse and Neglect:
  (https://portaldir.ct.gov/dss/learncenter/ElderAbuse/Elder%20Abuse%20-%20Identification%20and%20Reporting%20Mandatory/story_html5.html)
- ☐ Medical Control Application – (Paramedics)

Your completed application packet must be submitted to Stratford EMS using either of the following methods:

- Hand delivery: Stratford EMS, 2712 Main Street, Stratford, CT 06615
- Email: Scan and send your completed packet to emsadmin@stratfordems.org.

Once your completed application packet has been received and reviewed, Stratford EMS will contact you to schedule an interview. Following a successful interview, and after you clear the background check, you will be contacted to schedule a physical examination, lift test and drug screening. Upon completion of all pre-employment requirements, you will be scheduled for the next available orientation. You should begin studying the **CT Statewide Protocols**: https://portal.ct.gov/dph/emergency-medical-services/ems/statewide-ems-protocols

We recognize that this process takes time and appreciate your patience. Given the responsibilities of EMS personnel and the sensitive nature of our work, all prospective employees must complete a thorough pre-employment screening process.

If you have any questions during the application or hiring process, please contact the EMS Administrative Office at 203-385-4060 or emsadmin@stratfordems.org

Thank you again for your interest in Stratford EMS. We look forward to the opportunity to welcome you to our team.

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.)	Reason for Leaving	Name of Supervisor
Describe the work you did:				

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

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

Name, Address & Telephone No. of Company	From (Mo. Yr.)	To (Mo. Yr.)	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 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, whether omission or falsehood is discovered.

I understand that this application is not a contract 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 considered 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 Unites 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 obtained from my employers (present or former), educational institutions, all branches of the US Military service, and public records maintained by government agencies and others, including but not limited to criminal conviction reports, credit reports, social media reports, etc. I authorize the Town of Stratford and it's 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 it's pre-employment physical and drug screen procedures in accordance with HIPAA.

I have read, understand and agree to the foregoing:

Signature of applicant:_____ Date:_____

Job applications may be e-mailed to the above address or faxed to: (203) 385-4037. It is the applicants responsibility to confirm that their application was received. The Town of Stratford is not responsible for problems with fax transmissions 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 the Town of Stratford Job listings or posting. For more information on Town of Stratford employment opportunities, log onto www.townofstratford.com or call (203) 385-4007 for any current job openings.

APPLICANT DISLOSURE 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)

American Indian or Alaska Native ☐

Asian ☐

Black or African American ☐

Hispanic or Latino ☐

Native Hawaiian or Other Pacific Islander ☐

White ☐

Other ☐ (specify) _____

Job Classification

_____

Title of the position for which you are applying

Gender:

Male ☐

Female ☐

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

☐ New Haven Register

☐ Town Employee
(please give name: _____)

☐ Internet
(please give site: _____)

☐ Human Resources Posting

☐ Town Website

☐ Professional Journal

☐ 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):

- ☐ Motor Vehicle Check (Driver's License)
- ☐ Criminal Background Records/Information
- ☐ Sex Offender Registry Check
- ☐ Address Verification & History
- ☐ Workers Compensation History
- ☐ Social Security Verification
- ☐ Financial Check
- ☐ Professional References Verification
- ☐ Employment Verification

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: _____

Revised 5.17.18

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 her/him to be in good health and free from medical and/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 physician, advanced practice registered nurse, or physician assistant.

STRATFORD EMS OBSERVATION AND HIPAA WAIVER

In consideration of the opportunity to observe with Stratford EMS, I release Stratford Emergency Medical Service, the Town of Stratford, and their officers, employees, volunteers, and members from all claims or damages arising from my participation, including responding to emergency calls, to the extent permitted by law.

I agree to maintain the **confidentiality** of all patient information obtained during my observation and comply with HIPAA requirements and Stratford EMS privacy policies. I will not disclose, photograph, record, or share patient information without authorization. I will immediately report any privacy concerns to Stratford EMS personnel. This obligation continues after my observation ends.

Signature of applicant: _____ Date:_____