



Stamford Emergency Medical Services Inc.

684 Long Ridge Road

Stamford CT 06902

Operations (203) 968-2899

Fax (203) 322-0658

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, creed, national origin, ancestry, age, pregnancy, sexual orientation, physical or mental disability, veteran's status, or any other reason prohibited by any applicable law or regulation. A felony conviction will not necessarily bar an applicant from employment. **Additional testing for the presence of drugs in your body will be required prior to employment.** After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

PLEASE COMPLETE

Name: _____ Position Applying For: _____

FOR OFFICE USE ONLY

App. Received: _____ Contacted: _____ Interview: _____

Disposition: _____



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APPLICANT INSTRUCTIONS

If you need help in filling out this application form, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- Complete both sides of this form.
- If more space is needed to complete any question, use comments section on back.
- Write clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: _____
NAME: _____
SOCIAL SECURITY NO.: _____
HOME PHONE : _____ WORK PHONE: _____
CURRENT ADDRESS : _____ _____
PRIOR ADDRESS : _____ _____

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full Time Per Diem

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift
 Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Name	City/State	Dates	Graduate?
High School			
College			
Other			

SECURITY

List states and countries of residence for the past seven years:

Have you used any names of Social Security Numbers other than those on this page? Yes No If so, please list on back.

Have you been convicted of a felony and/or served time in the past seven years. Yes No If so, please describe below.

(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction).

Incident Date	City/State	Charge
1.		
2.		



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JOB RELATED SKILLS

List languages in which you are fluent: _____

If the job requires, do you have the appropriate valid driver's license? Yes No
 DL #: _____ Type: _____ State of Issue: _____

Have you ever received a moving violation? Yes No
 Please describe. _____

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand these requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER	Are you currently working for this employer? If yes, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Company Name	_____ City	_____ State
_____ Dates Employed	_____ Job Title	_____ Supervisor's Name
_____ Duties		
_____ Salary	_____ Reason for Leaving	

SECOND MOST RECENT EMPLOYER	Are you currently working for this employer? If yes, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Company Name	_____ City	_____ State
_____ Dates Employed	_____ Job Title	_____ Supervisor's Name
_____ Duties		
_____ Salary	_____ Reason for Leaving	



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THIRD MOST RECENT EMPLOYER	Are you currently working for this employer? If yes, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____
Company Name	City	State	Phone Number
_____	_____	_____	_____
Dates Employed	Job Title	Supervisor's Name	
_____	_____	_____	
Duties			

Salary		Reason for Leaving	
_____		_____	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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