

**TOWN OF TRUMBULL
TRUMBULL EMERGENCY MEDICAL SERVICE
250 MIDDLEBROOKS AVENUE, TRUMBULL, CT 06611
(203) 452-5146**

**APPLICATION FOR VOLUNTEER SERVICE
Trumbull Emergency Medical Service**

PERSONAL INFORMATION

Name: _____ SS#: _____
 Last First Middle

Address: _____
 Number Street City State Zip

Telephone: _____
 Home Work Cell

E-Mail Address: _____

EDUCATION

Name & Address of School	Course of Study	Degree/Diploma
High School		
Undergraduate		
Graduate		
Professional		
Other		

CURRENT CERTIFICATIONS/LICENSES

Connecticut Driver's License Number: _____ Expiration Date: _____

___ EMR ___ EMT ___ EMT-I ___ EMT-P ___ EMS-I ___ CPR-I ___ ACLS-I ___ PALS-I

State of Connecticut Certification #: _____ Expiration Date: _____

Other Certifications Held:

EMPLOYMENT AND/OR VOLUNTEER SERVICE

<u>Date/Month/Year</u>	<u>Name/Address of Employer</u>	<u>Position</u>	<u>Reason for Leaving</u>

May we contact your current employer? _____ Yes _____ No

Were you ever discharged from any position? _____ Yes _____ No If so, give details.

PERSONAL HISTORY

Pursuant to Connecticut Public Act No. 02-136 and specifically Section 31-511 of the general statutes; I understand that I am not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o, or 54-142a; that criminal records are subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or rolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statuettes with respect to the proceedings so erased and may so swear under oath.

1. Have you ever, under your name or another name, been convicted of (or pleaded no contest to) a felony or misdemeanor? _____ Yes _____ No

2. Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? _____ Yes _____ No

If you answered yes to either of the above questions, explain:

POSITION AVAILABILITY

Date available to work: _____

Days and hours available to work: _____

I understand that a positive drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment.

I authorize representatives of the Town of Trumbull to obtain pertinent information from my background, including a criminal records check.

I authorize previous volunteer agencies or employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Town of Trumbull and release all such persons and waive any claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

I understand that all part time/volunteers for the Town of Trumbull may terminate their position at any time, with or without cause and with or without notice. Likewise, the Town of Trumbull will respect my right to terminate my position at any time, with or without cause and with or without notice.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a part time/volunteer position and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge regardless of the time elapsed before discovery. I further certify that I have personally completed this application.

Signature of Applicant

Date

**PLEASE RETURN APPLICATION AND COPIES OF ALL
CERTIFICATIONS, INCLUDING YOUR DRIVERS LICENSE,
MARKED CONFIDENTIAL TO**

**TRUMBULL EMERGENCY MEDICAL SERVICE
250 MIDDLEBROOKS AVENUE
TRUMBULL, CT 06611-3098
ATTN: ADMINISTRATIVE ASSISTANT**

2/2012