

Winsted Area Ambulance Association, Inc. Application for Membership

Winsted Area Ambulance Association, Inc. (hereinafter, "WAAA") is an Equal Opportunity Employer and does not discriminate on the grounds of race, color, religion, sex, sexual orientation, age, national origin, ancestry or disability in any aspect of the provision of ambulance service or in employment practices. Please complete this application accurately and thoroughly using an ink pen. Your application for employment will be considered by the Membership Committee. Records containing personal data are kept as required by Connecticut General Statutes. This information will only be viewed by personnel making hiring recommendations and decisions and bookkeeping personnel. During this time period, your employment history and skills will be reviewed and evaluated by our staff. Your application is our main source of information concerning your qualifications, but our receipt of your completed application does not imply that you will be hired by us. Please do NOT attach a resume.

| | | | | |
|-----------------------------|-------------------------------------|-------------------------|----------------|--------------|
| _____ Last Name | _____ First Name | _____ Middle Initial | | |
| _____ Address (physical) | _____ Address (P.O. Box, if any) | _____ City | _____ State | _____ Zip |
| _____ Home Phone | _____ Work Phone | _____ E-mail | | |

The values entered in the fields ***CAN NOT*** be saved. When you have completed the form, please print it either to hardcopy or PDF.
If printed to hardcopy, drop it off at ambulance headquarter on Main Street.
If printed to PDF please attach to an email and send to application@winstedambulance.org

Are you over 18 years of age? ☐ Yes ☐ No Are you legally entitled to work in the U.S.? ☐ Yes ☐ No

In case of emergency, notify:

| | | | |
|---------------|---------------------|---------------------|------------------|
| _____ Name | _____ Home Phone | _____ Work Phone | _____ Address |
|---------------|---------------------|---------------------|------------------|

Training and Education

Emergency training: ☐ None ☐ CPR ☐ CPR + AED ☐ MRT ☐ Student EMT

☐ EMT-Basic ☐ EMT-Intermediate ☐ EMT-Paramedic ☐ EMT-other _____

☐ Other training _____

High School name _____ Year attended _____

Check last grade completed: ☐9 ☐10 ☐11 ☐12

College / Other _____

Current Employment (if you so wish, you may include any verified work performed on a volunteer basis.)

| | | | | | |
|-------------------------------|-------------------------|---|----------------|--------------|----------------|
| _____ Employer name | _____ Street address | _____ City | _____ State | _____ Zip | _____ Phone |
| Title of position held: _____ | | List your principle duties or responsibilities: _____ | | | |

Work hours: Monday-Friday _____ Saturday: _____ Sunday: _____

Would you be able to leave work for an ambulance call? ☐ Yes ☐ Sometimes ☐ No

Would you be able to do back-up calls in addition to your regular call? ☐ Yes ☐ No

Shifts are twelve hours, from 6 to 6. You do NOT have to pull call every week. **WAAA has a 24 hour per month call time requirement.** Can you make the required time commitment? ☐ Yes ☐ No

Are you interested in being on: ☐ a Saturday day team ☐ a Sunday day team

☐ a night team on ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun _____

Check all that you could do. You are not committing yourself, only listing what you could do. This helps in planning the schedule.

Please discuss why you are interested in joining WAAA. _____

Please list non-relative references who may be contacted (this may include squad members).

| Name | Phone | Best time to call | Relationship |
|------|-------|-------------------|--------------|
| Name | Phone | Best time to call | Relationship |
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History

“Conviction” for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. “Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been erased under law. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account.

Have you been convicted of a felony within the last five years? ☐ No ☐ Yes

(If “yes,” give dates and details of convictions) _____

Have you been convicted of a misdemeanor within the last five years? ☐ No ☐ Yes

(If yes, give dates and details of all misdemeanors for which you have been convicted) _____

Has your right to operate a motor vehicle ever been revoked or suspended? ☐ No ☐ Yes

(If yes, give date and details of circumstances) _____

(Present/past EMTs only) Has your EMT certification or licensure ever been suspended or revoked? ☐ No ☐ Yes

(If yes, give date and details of circumstances) _____

Have you ever been a member of another ambulance squad or a fire department, but are no longer? *(If you are currently a member of another squad or a fire department, answer “no” to this question)* ☐ No ☐ Yes

If yes, which Ambulance Squad(s) or Fire Department(s) did you belong to? _____

Why did you leave? _____

Please read the following carefully and sign.

The terms “employees” and “employment” shall, for purposes of this document, include volunteers and volunteer service performed for WAAA, respectively.

I give permission to WAAA to investigate all pertinent information concerning my application in order to determine my qualifications for employment, including contacting listed references. I understand that falsification; misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I agree to be photographed by WAAA following employment. Further, I give WAAA permission to keep in its custody certain information required by the Office of Emergency Services, including copies of my CPR card, driver’s license, and EMT card (if applicable).

Under the Americans with Disabilities Act, an employer may not conduct a medical examination until after a conditional job offer has been made. Medical examinations are required for all employees in all EMS job categories. Once an offer is made, medical examinations **will be required** but are limited to determining whether a prospective employee, with reasonable accommodation, is capable of performing the essential functions of the job. We as the employer may ask about an applicant’s ability to perform specific job functions. All personnel considered by WAAA, whether drivers or EMTs, must have a driver’s license, be able to lift 100 pounds without assistance, execute movements reasonably required to perform a physical assessment, and provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required include the performance of CPR, application of pressure to stop bleeding, and the manual taking of a blood pressure. Do you have any physical disabilities that would prevent you from performing your duties?

☐ Yes ☐ No (If yes, please explain): _____

I understand that WAAA does not tolerate the use of nonprescribed drugs or alcohol during work hours. Employees who work at WAAA may be asked periodically to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. Due to the random nature of testing, however, not every WAAA employee will necessarily be asked to submit to drug testing. Before being asked to submit to a drug test, the employee will receive written notice of the request and testing requirements. WAAA will pay the cost of any drug testing that it requests, including (automatic) retesting of confirmed positive results. The use of drugs may result in termination.

In the event of resignation or termination, I agree to return all WAAA property loaned to me such as identification badges, uniforms, pagers, radios, books, videos, etc. If these items are not returned, I agree that WAAA may withhold from any final compensation due me, monies to cover the value of any unreturned property, and that WAAA may seek legal redress in order to recover such property.

In the event of my employment by WAAA, I agree to comply with all federal, state, and WAAA rules, regulations, policies, and procedures as they may change from time to time. I understand that neither this employment application nor any other WAAA document constitutes a personal contract of employment. I further understand that my employment is for no stated term and may be terminated at will by me or by WAAA. In the event that I decide to leave WAAA, I agree to give two weeks’ advance written notice of resignation and I understand that if I fail to do so, I may not be entitled to certain benefits which I would otherwise receive.

I give permission to WAAA to conduct a check in order to authenticate any or all of the data on this application. I understand that this application will be kept confidential. A photocopy of this application and release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. My signature below indicates that I swear or affirm that the information contained on this application is true and correct to the best of my knowledge, and that I have read, understood, and consented to the above statements.

Please type your full name and last 4 digits of your driver's license as electronic signature. Or sign with pen after you print it.

Applicant’s signature

Date

Your field entries cannot be saved! Print form and scan to email or drop it off at our ambulance headquarter on Main Street.