

***Tremont Rescue
Emergency Medical Technician/Ambulance Driver***

APPLICATION

Please print:

Name _____ SSN _____

Address _____ Email Address _____ (if available)

_____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

Driver's license number _____

Education: H.S. Grad _____ GED _____ College: _____ years

Please list jobs and length of employment at each job for the last five years:

Employer	Address	Phone	Supervisor	Duties/ Occupation	Length of Service	Reason for Leaving	Contact Refer- ence?

Where you previously employed under a different name? If yes, please designate _____

List any medical courses you have completed:

List two references (one professional/co-worker, one personal but not a relative) and their phone numbers and relationship to you.

MEDICAL STATEMENT OF PERSONNEL. ALL INFORMATION IS CONFIDENTIAL.	YES	NO	If yes, give particulars below
1. Eyesight: Have you lost use of either eye?			
Is peripheral vision restricted?			
Are you color blind?			
Are actual deficiencies corrected by glasses/contact lenses?			
2. Hearing: Do you have difficulty hearing at normal conversation level?			
Do you use a hearing aid?			
3. Have you ever been treated for diabetes?			
4. Have you ever been treated for heart disease?			
5. Have you ever had a seizure?			
6. Have you ever been treated for high blood pressure?			
7. Have you ever been treated for Alcohol or Drug Abuse?			
8. Have you ever been treated for Mental Illness?			
9. Approximate date of last physical exam: _____			
10. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?			
11. Are there any restrictions posted on your vehicle operator's license?			
12. Name of personal physician: _____			
13. If "yes" to any questions, I authorize any licensed physician, medical practitioner, hospital, or medically related facility, or person that has any records of knowledge of me or my health to give Tremont Rescue 702 Squad Review Board any such information. _____ Date _____			

Write a summary of why you want to be a member of Tremont Rescue.

A criminal conviction will not necessarily disqualify you from consideration for Tremont Rescue though certain types of criminal convictions may prohibit you from being hired. A conviction will be judged on its own merits after consideration of the following factors:

- Seriousness of the crime
- Whether the crime related directly to the skills of the out-of-hospital care delivery of patient care
- How much time has elapsed since the crime was committed
- Whether the crime involved violence to, or abuse of, another person
- Whether the crime involved a minor or a person of diminished capacity
- Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust
- The age of the applicant when committing the crime
- Any other relevant circumstances

Have you ever been convicted of a felony? _____

If yes, what was the felony and when did it occur? _____

Have you ever been convicted of a crime that was not a felony? _____

If yes, what was the crime, when and where did it occur? _____

Have you ever had a driving violation, DUI or DWI? _____

If yes, when and where did it occur? _____

Please read the following certifications carefully and sign below to agree.

The answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct. I have not knowingly withheld any facts or circumstances that would adversely affect my application. I understand that any misrepresentation of facts may result in my discharge.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____