



NEW HAVEN E.M.S.

EMERGENCY 45

910 Hartzell Road
New Haven, IN., 46774
260-749-1235

APPLICATION

Notice to applicants: Federal and State law requires that all applications be considered without regard to race, color, sex, age, or national origin. We believe in and fully support equal employment opportunity and will fulfill our obligation to the fullest.

PLEASE PRINT OR TYPE

Name _____ Are you over 18 ____ Yes ____ No

Address _____

Social Security # _____ - _____ - _____ Phone _____ Cell Phone _____

E-mail _____ Applying for: Full-time _____ Part-time _____ Volunteer _____

Drivers License # _____ Exp. Date _____ Height _____ Weight _____

List any E.M.S. training or experience _____

List any other medical training or experience _____

Are you currently or have you ever assisted with another EMS service? _____

If so, Name _____ Address _____ Phone _____

State of IN. EMT Certification # _____ Expiration Date _____

Years certified as an EMT _____

Hepatitis vaccination? Yes _____ No _____ Do you have a current Mantoux test? Yes _____ No _____

Educational Background:	Institution	Location	Graduation Date/Degree
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High School	_____	_____	_____
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University	_____	_____	_____
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Other	_____	_____	_____
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List three previous employers with present job listed first.

Name	Address	Dates of employment
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____

May these employers be contacted for a reference? _____

List three personal references, not related to you.

Name	Address	Phone	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of a crime? Yes _____ No _____ In yes, describe circumstances. _____

In case of an emergency, who should be notified?

Name _____ Address _____ Phone _____

Relationship _____ Family Doctor _____ Hospital _____

List any medical conditions that you have. (hypertension, diabetes, etc.) _____

DISABILITY INFORMATION

The purpose of this section is to provide you with an opportunity to voluntarily disclose any information concerning proper placement and appropriate accommodations which would enable you to safely and effectively perform the job(s) for which you are applying. You may wish to provide information regarding any special testing considerations which may be necessary to accommodate any disability you may have. This information will be kept confidential and will not jeopardize or adversely affect any consideration you may receive for employment or for later advancement.

CERTIFICATE OF DISABILITY

Do you wish to notify us that you have been issued a certificate of disability by a Indiana rehabilitation or family and social services facility?

Yes _____ No _____ If yes, Please attach a copy of your certificate of disability.

I authorize New Haven EMS – Emergency 45 to conduct a background investigation on me. This investigation will consist of a driving record and criminal record investigation. I hereby state the above information is accurate to the best of my knowledge. I also understand that any information knowingly omitted or misrepresented is cause for dismissal.

Signed _____ Date _____



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MEDICAL RELEASE

_____ has applied to be a volunteer EMT or Driver for New Haven EMS – Emergency 45. This position will include strenuous activities, repetitive motions at times and in precarious positions.

<u>Requirement</u>	<u>Able to perform</u>	<u>Not able to perform</u>
Heavy lifting (Equipment and patients)	_____	_____
Prolonged squatting, bending, and lifting	_____	_____
Repetitive movement (CPR)	_____	_____
Working in extreme temperatures (hot/cold)	_____	_____

Restrictions _____

I have examined the above named applicant and find him/her TO BE/NOT TO BE physically fit to perform the duties of a crew member of New Haven EMS – Emergency 45.

Physician's Printed Name _____

Physician's signature _____ Date _____



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To the applicant: This form must be filled out completely.

I hereby authorize New Haven EMS to obtain any of the following information concerning my driving record and any civil or criminal records you may have. I also understand that a record check may be done once a year. I also agree not to hold the City of New Haven, New Haven EMS, the Adams Township Trustee, the New Haven Adams Township Fire and EMS Governing Body or any officers of said departments liable for any of the above records obtained.

Print full name _____

Signed _____ Date _____

Witness _____ Date _____

SSN _____ D.O.B. _____

Drivers license # _____ State _____

Address _____ City _____



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Applicant:

When turning in your application, please be sure to include the following:

1. Hep B series
2. Proof of TB testing within the year
3. Current tetanus shot
4. MMR vaccinations

Thank you,

The New Haven EMS Volunteer Association