

**Emergency Resource Management, LLC**  
P.O. Box 911 \* Portland, CT 06480-0911  
(860) 342-0902 \* Fax (860) 342-5480

**APPLICATION FOR EMPLOYMENT**

Thank you for your interest in Emergency Resource Management, LLC. We are an equal opportunity employer and maintain a strict policy of non-discrimination on the basis of age, sex color, race, creed, national origin, religious persuasion, marital status, political belief, sexual orientation or disability. **Offers of employment will be contingent on proof of a current, valid Connecticut driver's license, a clean driving record, and the successful completion of a medical examination, drug screening, LEIE background and criminal background checks.**

*Fully complete (Print) all (4) pages of this application including your (4) signatures at the end.*

Position for which you are applying: (circle one) <b>EMT / EMT-Intermediate / Paramedic</b>			Today's date
Client Location of Interest/preference (if any):			
Last Name (Maiden Name)	First Name		M.I.
Street address	City	State	Zip
Mailing address (if different)	City	State	Zip
Home phone number / Cell Number & Carrier ( ) / ( )	Email address:		

- Are you over 21 y/o? Yes  No  Are you CEVO/EVOC Certified? Yes  No  # of Yrs. driving an Amb. \_\_\_\_
- If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes  No
- How were you referred to Emergency Resource Management, LLC? \_\_\_\_\_
- Have you ever applied for or worked for Emergency Resource Management, LLC in the past? Yes  No   
If yes, please describe, including dates. \_\_\_\_\_
- Do you have any relatives who are presently employed by Emergency Resource Management? Yes  No   
If yes, please explain. \_\_\_\_\_
- Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes  No  Please specify: \_\_\_\_\_

**U.S. MILITARY SERVICE**

Branch of Service	From	To
Rank & Type of Service		
Training/Experience Received		

*Please turn the page*

**EDUCATION**

Type	Name & Location	Program or Major	Did you graduate? (Circle one)	Circle highest year completed	Degree/Diploma Received
High School			Yes No	9 10 11 12	
College			Yes No	1 2 3 4 5	
EMT-B/ EMT-IV/ Paramedic		Date Completed	Cert. No.	Current Cert.  Yes No	Instructor's Name

Number of Years **ACTIVE** in EMS: \_\_\_\_\_ General availability for shifts: \_\_\_\_\_

List any special qualifications, skills, occupational licenses, or certificates you have which may further qualify you for this job. (Please include copies of all pertinent certifications / licenses.): \_\_\_\_\_

**EMPLOYMENT RECORD for last 8 years (include all EMS related service incl. Volunteer)**

Company Name & Address	Position	Dates From/To	Last Rate of Pay	Reason for Leaving
1.		From To		
2.		From To		
3.		From To		

May we contact your current employer? Yes  No

**REFERENCES**

(Please do not include relatives.) (Please be sure one is a current or former EMS Officer.)

Name	Relationship	Address	Phone
1.			( ) -
2.			( ) -
3.			( ) -

**APPLICANT'S STATEMENT**

I understand that Emergency Resource Management, LLC adheres to an "employment at will" policy, in that I, or the employer, may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of Emergency Resource Management, LLC. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; and all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand that Emergency Resource Management, LLC, will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for my dismissal or refusal of employment.

***Applicant Signature:***

***Date:***

*Please turn the page*

## NOTICE TO PROSPECTIVE EMPLOYEES

### Applicant's Agreement to Background Checks

In consideration for employment, I do hereby agree to submit to the standard motor vehicle and criminal background checks, conducted either by local, state or other hired agencies. I further agree to an Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) background check. An OIG exclusion has national scope and is important to many institutional health care providers because the Congress of the United States established a Civil Monetary Penalty for institutions that knowingly hire excluded parties. Accordingly, the OIG maintains the list LEIE, a database which provides information to the public, health care providers, patients and others relating to parties excluded from participation in the Medicare, Medicaid and all other Federal Health Care programs. Should I be hired prior to the results of the background checks, and they are found to be in question, I understand I may be terminated from employment. I further attest that to the best of my knowledge, I have no criminal, motor vehicle or LEIE history that would impair or impact my employment with Emergency Resource Management.

Furthermore, as part of the background check, ERM may also obtain a "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. A consumer report includes information regarding such issues as your credit standing, character and general reputation. You may contact the Federal Trade Commission in Washington, DC about your rights under the FCRA as a consumer with regards to "consumer reports" and the "consumer reporting agencies" that provide these reports.

Applicant's name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_

### Applicant's Agreement to Drug Screening

ERM is firmly committed to maintaining a drug-free workplace. Therefore, we require all prospective employees accepted for employment to pass a drug test as part of our employment process. *All offers of employment are contingent upon satisfactory results of a drug-screening test.*

All prospective employees who are considered for employment will be required to sign a Drug-Screening Agreement (see below) authorizing ERM to have its designated laboratory perform the drug-screening test. Prospective employees who refuse to sign the Agreement will not be considered for employment. Prospective employees who test positive for drug usage will be denied employment in the ERM for a period of six months after the positive screening.

I understand and agree that any offer of employment to me by the ERM is contingent upon passing a medical examination, to be arranged at ERM's expense, which includes a urine test to determine the presence or use of drugs or controlled substances. I give my consent to the urine test and the release of the test results and any other relevant medical information to authorized ERM management for appropriate review. I understand and agree that my failure or refusal to sign this Drug-Screening Agreement or to provide said specimen for analysis at the time requested will also disqualify me from further employment consideration with ERM.

Applicant's name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

## NOTICE TO PROSPECTIVE EMPLOYEES

### Criminal History Background Checks

*Note that an applicant is 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; criminal records subject to erasure pursuant to these statutes 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 nolle, a criminal charge for which the person has been found not guilty or a conviction for which a person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings and may so swear under oath.*

Have you ever been convicted of a felony? Y  N

If Yes, describe in full. This information will not necessarily bar you from employment.

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“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 charges(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 an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which a person received 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 crime, seriousness and nature of the offense, as well as rehabilitation, will be taken into account. Should you have any questions about answering the questions on this page of the application, or your rights concerning erased record, please inquire of your own legal representative of the State Prosecutor’s Office.

Applicant’s Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

*Thank You*