

EAST HAMPTON AMBULANCE ASSOCIATION EMT INFORMATION/APPLICATION PACKET

East Hampton Ambulance Association (EHAA) is seeking applicants interested in an EMS career in a progressive, municipal department.

Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability, or veteran's status is prohibited by law. East Hampton Ambulance Association actively supports this legislation. EOE/AA/M/F

Application Requirements

- 1. East Hampton Ambulance Association EMT Application.**
- 2. Copies of State of CT Certification, NREMT Certification (if applicable), AHA BLS Certification, and Driver's License.**
- 3. Completed Physical Ability Assessment Attestation.**
- 4. Applicants must be at least 16 years old at the time of testing.**

Failure to complete and submit ALL application materials may disqualify your application.

Method of Selection

The examination process includes the Physical Ability Assessment Attestation, Oral Board Interview & Extensive Background Investigation.

Physical Ability Assessment Attestation: Candidates will have to meet departmental physical fitness standards, including but not limited to bending, squatting, kneeling, walking on uneven ground, climbing stairs, lifting 100 - 150 lbs. and perform CPR/First Aid.

Oral Board Interview: The last phase of the examination for Basic EMT will be an interview before a panel of EMS, and/or personnel representatives. This phase of the examination is designed to aid in the determination of a candidate's maturity, communication skills and motivation for the position. East Hampton Ambulance Association reserves the right to limit the number of candidates who are invited to the oral interview. Candidates who have failed this portion of the examination will be disqualified at this time from any further consideration for the position of Basic EMT.

Background Investigation: A thorough background and character investigation will be conducted for the specific purpose of obtaining pertinent data for East Hampton Ambulance Association to consider in determining suitability for employment as a Basic EMT. Eligible candidates will be requested to authorize a release of personal information, however personal or confidential it may appear to be, including but not limited to: educational, financial/credit agencies and institutions, medical history, employment history, legal complaints, arrests or convictions, and motor vehicle history.

The EMS Chief reserves the right to reject any eligible candidate whom, on the basis of background and character investigation or medical examination, does not appear to be the most suitable qualified candidate for the position in accordance with East Hampton Ambulance Association Rules.

If you fail to appear for any part of the examination process your name will be removed from any further consideration.

An individual appointed to the position must satisfactorily complete a six (6) month probationary period.

Minimum Qualifications/Job Description

EXPERIENCE AND TRAINING:

- * Completion of high school or possession of a high school equivalency diploma AND
- * Minimum current State of Connecticut EMT-Basic Certification AND
- * Current AHA BLS Certification AND
- * Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

All licenses and certifications must be valid at time of application, hiring and throughout employment. Maintenance of these valid licenses is a condition of employment. At the time of appointment and during employment, EMT's must meet the medical and physical standards established by the EMS Chief. Incumbent EMT's must continue to meet or exceed all requirements for maintenance of State of Connecticut EMT certification during employment with East Hampton Ambulance Association.

CURRENT EMT STUDENTS:

- * Current enrollment in or completion of high school or possession of a high school equivalency diploma AND
- * Current enrollment in an EMT course AND
- * Current AHA BLS Certification

Current EMT students are allowed to ride with East Hampton Ambulance Association as an observer until the student successfully passes their psychomotor skills practical and cognitive written exam.

TRAINING: Graduation from high school or its equivalent as evidenced by possession of a state high school diploma issued by the State Board of Education. Must attend and successfully complete any training program either mandated by law or by the EMS Chief. Must attend and successfully complete any non-mandatory training program voluntarily accepted; must attend and successfully complete any mandatory refresher courses or tests of ability designed to ensure skill and knowledge in areas of performance.

DRIVER'S LICENSE: Must possess and maintain a valid motor vehicle operator's license and satisfactory driving history. *An individual may not be considered for appointment if he or she has had a major violation within a three-year period, four or more motor vehicle violations other than major within a three-year period, or suspension or revocation of a license for any reason in the past five years. A valid Driver's License is required at the time of appointment.*

KNOWLEDGE, SKILL AND ABILITY: Good knowledge of emergency medical conditions, techniques and procedures; good social skills and general intelligence; good powers of observation; ability to operate bio-medical and telecommunications equipment; ability to perform calmly and efficiently in crisis situations; ability to maintain records and prepare reports using a computer; ability to understand written laws and apply them to specific situations; physical strength adequate to lift unconscious patients; ability to operate specially equipped vehicles under emergency conditions, willingness to work nights, weekends, holidays and assigned shifts, willingness to work with unpaid volunteers who will be performing the same functions as paid personnel; willingness to assist in training activities for both paid and volunteer personnel; willingness not to smoke during "on duty" hours; willingness to maintain vehicles, equipment and station house in good condition; willingness to maintain physical conditioning commensurate with the demands of the position. *No applicant will be accepted with any drug related conviction, felony conviction, conviction for any Class A or Class B misdemeanor.*

NOTE: *Applicants may exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.*

Any omission, falsification, fabrication, lie or misleading statement will automatically result in disqualification from further consideration with East Hampton Ambulance Association.

Requirements for the Certification of Physical Ability

The Physical Ability Assessment Attestation

Attesting to the Physical Ability Assessment is a prerequisite for candidacy with East Hampton Ambulance Association. The Physical Ability Assessment includes the following three components:

Tested Skill	Critical Subsets
Walk up flight of stairs with 3 pieces of equipment and proceed thru closed doorway.	<ul style="list-style-type: none">• Placing equipment on the ground• Having to make more than 1 trip with the equipment• Dropping of any equipment, including items out of equipment bag
Set equipment down and perform 1 rescuer CPR, per AHA standards, until told to stop.	<ul style="list-style-type: none">• Use universal precautions• Use of appropriate barrier device• Proper use of BVM• Correct sequence of AED at proper point• Use of supplemental oxygen at appropriate flow rate• Use of appropriate airway adjunct<ul style="list-style-type: none">○ Correct size selected○ Correct method of insertion

I attest that I have the read the above physical requirements and, to the best of my knowledge, I do not have any condition which will compromise my ability to perform the above stated duties expected of me as a member of East Hampton Ambulance Association.

Name

Date

Signature

BASIC EMT EMPLOYMENT APPLICATION

EAST HAMPTON AMBULANCE ASSOCIATION

NOTE: Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability, or veteran's status is prohibited by law. East Hampton Ambulance Association actively supports this legislation.

IMPORTANT: This application is considered part of the examination process and **MUST** be fully completed. Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

You must be at least 16 years of age in order to be considered.

PERSONAL INFORMATION

APPLICATION DATE ____/____/____
Month Day Year

NAME _____
Last First Middle

DATE OF BIRTH ____/____/____
Month Day Year

CURRENT ADDRESS _____
Number and Street City State Zip

PHONE # (____) _____

EMAIL: _____

Check All EMS Credentials Held. You must currently hold Basic EMT credentials in order to be considered. Provide copies of your certificates (front and back).

<input type="checkbox"/> CPR _____ Exp. Date: _____	<input type="checkbox"/> EMR # _____ Exp. Date: _____	<input type="checkbox"/> EMT # _____ Exp. Date: _____	<input type="checkbox"/> Paramedic # _____ Exp. Date: _____
<input type="checkbox"/> NREMT-B # _____ Exp. Date: _____		<input type="checkbox"/> NREMT-P # _____ Exp. Date: _____	

Driving/Criminal Record

Driver's License #: _____ Exp. Date: _____ Restrictions: _____

Please circle your answer to the right for the questions below.

Has your Driver's License ever been suspended?	YES	NO
Have you ever been convicted of a crime involving violence?	YES	NO
Are you currently on parole, probation, work release program or on bail?	YES	NO

Have you been immunized against Hepatitis-B? Yes No If Yes, give date: _____

Medical – Do you have any medical or physical problems that prevent you from:

- | | | |
|--|--|---|
| <input type="checkbox"/> Doing CPR? | <input type="checkbox"/> Lifting 100 – 150 lbs.? | <input type="checkbox"/> Climbing/Descending Stairs? |
| <input type="checkbox"/> Carrying 70 lbs. of equipment? | <input type="checkbox"/> Driving a Vehicle? | <input type="checkbox"/> Wearing Respiratory Protection |
| <input type="checkbox"/> Bending, squatting, kneeling, walking on uneven ground | | |
| <input type="checkbox"/> Any other physical condition(s) which would prevent you from meeting the requirements of being an EMT Driver? | | |

EDUCATION

For each category below, circle the highest educational level you have completed.

High School _____ 9 10 11 12
School name, city and state Circle highest year completed
Did you graduate? Yes No

College _____ 1 2 3 4
College name, city and state Circle highest year completed
Did you graduate? Yes No

Other _____ 1 2 3 4
School name, city and state Circle highest year completed
Did you graduate? Yes No

If you attended college, what was your: _____
Major Minor Highest degree earned

High School Equivalency Diploma (GED)? Number _____

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

1. Have you ever been convicted of a law violation other than a minor traffic offense? _____ Yes _____ No

If yes, please explain: _____

*For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **NOT** considered minor traffic offenses.*

2. Have you ever received any of the following for traffic violations? *Please circle the following if applicable, or circle None.*

Summons Fine Mandatory court appearance Written warning Verbal warning None

3. Have you ever been involved in any automobile accidents in the last three (3) years? _____ Yes _____ No
This includes both public and private property.

If yes, please explain: _____

4. Have you ever been fired or asked to resign from a job? _____ Yes _____ No

If yes, please explain: _____

5. Have you ever been subject to any of the following? *Please circle the following if applicable, or circle None.*

Protective Order Civil Restraining Order Any other temporary or permanent order(s) None

6. Are you a United States citizen or are you authorized to work in the United States? _____ Yes _____ No

EXPERIENCE: In the space provided below, give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment.

Employer: _____
Company name Company address Company Phone #

Job Title _____ Dates _____ May we contact this employer? Yes
From (M/D/Y) To (M/D/Y) No

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Job Title _____ Dates _____ May we contact this employer? Yes
From (M/D/Y) To (M/D/Y) No

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Job Title _____ Dates _____ May we contact this employer? Yes
From (M/D/Y) To (M/D/Y) No

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Employer: _____
Company name Company address Company Phone #

Job Title _____ Dates _____ May we contact this employer? Yes
From (M/D/Y) To (M/D/Y) No

Supervisor and Title _____ Reason for Leaving _____

DUTIES _____

Are there any other experiences, skills or qualifications which will be of benefit in the job of EMT? If so, please explain below.

REFERENCES: EXCLUDING RELATIVES AND PREVIOUS EMPLOYERS, LIST THREE (3) INDIVIDUALS.

	NAME	RELATION	ADDRESS	PHONE NUMBER
1	_____			
2	_____			
3	_____			

ORAL BOARD INTERVIEW – Not every applicant will receive an interview and only those selected for an interview will be notified.

IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION

Do you understand that as part of the testing process you will be required to submit to a thorough background investigation and a physical fitness attestation, and you may subject to random drug testing?

Yes No

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to East Hampton Ambulance Association to check previous employers, educational records, and references and release East Hampton Ambulance Association, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH EAST HAMPTON AMBULANCE ASSOCIATION.

Signature

Date

**EAST HAMPTON AMBULANCE ASSOCIATION
AFFIRMATIVE ACTION**

Each applicant for employment with East Hampton Ambulance Association is requested to provide the following voluntary information to be used solely for Affirmative Action reporting purposes. It will be detached when your application is filed and the information on it will be kept confidential and will not be considered in the employment process.

1. Ethnic Group (Please check one)
 - a. White
 - b. Black
 - c. Hispanic
 - d. Native American/Alaskan Native
 - e. Asian/Pacific Islander
 - f. Other: _____

2. Sex:
 - a. Male
 - b. Female
 - c. Other

3. Age:
 - a. 16-18
 - b. 19-25
 - c. 26-40
 - d. 41-65
 - e. 66+

4. I applied to East Hampton Ambulance Association in response to:
 - a. Advertisement
 - Name of publication: _____
 - b. Connecticut Employment Service
 - c. Community or professional organization/agency
 - Name: _____
 - d. Referred by an employee
 - e. Website
 - Site: _____
 - f. Other
 - Name: _____
