



182 South Avenue
New Canaan, Connecticut 06840

Application for Membership

Legal Name Last First Middle Date of Birth

Home Address
Street

City State Zip Code

Driver's License Required License Number State of Issue

Contact
Home Phone Number Cell Phone Number Email Address

Work
Occupation Employer # Years

Work Address
Street

City State Zip Code

Please list three people over the age of 18 that you have known for at least three years for whom we may request a personal reference (no relatives and no more than one NCEMS member, please).

Reference #1 Name # Years Known

Address

Phone Number Email Address



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Reference #2

Address

Phone Number

Email Address

Name

Years Known

Reference #3

Address

Phone Number

Email Address

Please list any previous and/or current public safety experience (police, fire, EMS).

Name of Organization, Address, and Length of Service

Experience

Medical Training

CPR

Completion Date

Expiration Date

EMT

Other

Completion Date

Expiration Date



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Please answer the following questions.

Have you ever been convicted of a felony or a misdemeanor? **Yes** **No**

Have you been cited for any motor vehicle violations in the last five years? **Yes** **No**

Do you have any disability that might preclude you from lifting heavy objects or performing the mentally and physically strenuous work associated with ambulance duty?

Why do think emergency medicine is something you would like to pursue?

Why do you think you would be an asset to NCEMS?

Please carefully read the following and sign below.

I certify that the statements contained in this application are accurate and truthful to the best of my knowledge. I understand that omissions or misrepresentations regarding this information may be grounds for rejection or dismissal. I agree to examination of my motor vehicle and/or criminal record(s) at any time for the purpose of establishing my good character.

Signature

Date



Consent for Background Investigation

In connection with your application for membership at New Canaan EMS (NCEMS), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency. These reports may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting:

- | | | |
|----------------------|-----|-------------------------------------|
| 1.) NCEMS | | 2.) Active Screening, Inc. |
| 182 South Avenue | | 14499 N. Dale Mabry Hwy., Suite 201 |
| New Canaan, CT 06840 | and | South Tampa, FL 33618 |
| (203) 594-3535 | | (800) 319-5580 |

For information about Active Screening, Inc.'s privacy practices, see www.activescreening.com. The scope of this notice and authorization below is not limited to the present and, if you are approved for membership, will continue throughout the course of the involvement with NCEMS and allow NCEMS to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

Acknowledgement and Authorization

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by NCEMS, at any time after receipt of this authorization and throughout the course of my membership, if applicable.

_____	_____	_____
Name (Please Print)	Social Security Number	Date of Birth
_____	_____	_____
Other Names Used	Driver's License #	State of Issue
_____	_____	_____
Home Street Address	City	County
_____	_____	_____
Signature		Date
_____		_____
Signature of Parent/Legal Guardian (if minor)		Date
_____		_____



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Medical Clearance to Perform Duties

To The Physician: Your patient has applied for membership as an EMT with New Canaan EMS. The duties of an EMT can be both physically strenuous and mentally stressful. Please evaluate the applicant knowing that his/her duties will require excellent physical and mental condition, and note anything that may compromise this applicant's performance. Thank you.

Applicant's Name (Please Print)

Has this applicant suffered any illness/injury which might be aggravated by strenuous physical activity?

Yes No If Yes, please specify: _____

Does this applicant show evidence of any physical condition, such as a back problem, which would prevent lifting and carrying heavy equipment and stretchers?

Yes No If Yes, please specify: _____

Does this applicant have any mental or emotional condition which could interfere with his/her ability to think and react quickly and withstand the stress associated with performing the duties of an EMT?

Yes No If Yes, please specify: _____

Does this applicant show evidence of any physical condition which would interfere with the safe operation of an emergency vehicle?

Yes No If Yes, please specify: _____

Please evaluate the applicant's overall physical and mental condition for performing the duties of an EMT.

I have examined the above named applicant and hereby certify that to the best of my knowledge he/she is free from any physical or mental condition(s) which might prevent his/her ability to perform the duties of an Emergency Medical Technician.

Signature

Date

Name (Please Print)

Address
