

Employment History / Experience: Beginning with your present or most recent employer, please list all employment held for past ten (10) years, including part time, temporary, seasonal, or volunteer employment. Include all periods of unemployment. Attach extra pages, or resume, if necessary. **Please indicate if you are fearful that your present employer would be in jeopardy if inquires are made.**

Name of Employer: _____

Address: _____

Tel #: _____ - _____ - _____ ext: _____ End Date: _____

Job Title _____ Reason for leaving: _____

Direct Supervisor: _____ May we contact Employer? _____

Start Date: _____

Name of Employer: _____

Address: _____

Tel #: _____ - _____ - _____ ext: _____ Start Date: _____

Job Title _____ End Date: _____

Direct Supervisor: _____ Reason for leaving: _____

Name of Employer: _____

Address: _____

Tel #: _____ - _____ - _____ ext: _____ Start Date: _____

Job Title _____ End Date: _____

Direct Supervisor: _____ Reason for leaving: _____

Military Record: Have you served in the US Armed Forces? Yes No

Date of Service: From _____ to _____ Highest rank held: _____

Military Service Number: _____ Type of discharge: _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc)? Yes No If yes, please explain on page 4

Education History:

	School name	City, State	Attended (To-From)	Type of degree obtained	Area of Study (Major)	Graduated Yes / No	Obtained NH Licensure
High School							
Post Secondary Education (College)							
Paramedic Program							
Intermediate Program							
Basic Program							
First Responder Program							
Other Postsecondary Education.							

Town of Wilton Ambulance

404 Forest Road
PO Box 584
Wilton, NH 03086
Tel #: 603-654-2222
Fax #: 603-654-3307



Gary Zirpolo, Chief of Department
Karen Edmunds, Assistant Chief
Robert Cole, Captain
E-Mail: Gary.Zirpolo@wlt-ems.org

Authorization to Release Information

To: _____

I hereby request and authorize you to furnish the Wilton Ambulance with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation and past or present medical condition.

This authorization is specifically intended to include all information of the confidential or privileged nature as well as photocopies of such documents, if requested. The Information will be used for the purpose of determining my eligibility for employment as an EMS Provider.

I hereby release you and your organization from any liability that may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an EMS Provider.

Date

Signature

Town of Wilton Ambulance
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Karen Edmunds, Assistant Chief
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Medical Clearance Letter

EMS Provider Name: _____

The following is an excerpt from the United Department of Transportation, National Highway Traffic Safety Administration, EMS Office Functional Job Analysis that defines what physical demands are placed on an EMS Provider. The complete US DOT NHTSA EMS Functional Job Analysis is available at: http://hchems.org/course_documents/emtb_functional.pdf or an appendix to the Town of Wilton Ambulance Policy and Procedure Manual.

“Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient’s, the EMS Provider’s, and other workers’ well being must not be jeopardized. “

In my opinion, the above named EMS Provider meets the physical qualifications to operate as an EMS Provider.

Physician Signature: _____

Physician Name: _____

If the applicant is NOT able to meet the above qualifications, please document below what restrictions they would have. Please also document if these will be a short term or long term restrictions.

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Robert Cole, Captain
E-Mail: Gary.Zirpolo@wlt-ems.org

Authorization to Release Medical Records

Dear Sir:

I am a candidate for the position of EMS Provider with the Wilton Ambulance, and it is essential for the department to evaluate my medical background.

For the purposes of this evaluation, the department requires a list of all injuries and illness for which I have been treated.

Please forward to:

Wilton Ambulance
Chief of Department
404 Forest Road
PO Box 584
Wilton, NH 03086

This is a matter of great importance to me, and your prompt reply will be greatly appreciated.

This release will expire 60 days after the date signed.

Name

Signature

Date

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Telephone: Driver Records/Accidents (603) 227-4040
 Registration (603) 227-4030
 Title (603) 227-4150
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input checked="" type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p>Name of Requestor: <u>Gary Zirpolo</u></p> <p>Employer/Company (if applicable): <u>Town of Wilton Ambulance</u></p> <p>Address: <u>PO Box 584</u> Tele.#: <u>603-654-2222</u></p> <p>City: <u>Wilton</u> State: <u>NH</u> Zip: <u>03086</u></p>
<p>III. Requested Records:</p> <p><input checked="" type="checkbox"/> Driver Record (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title Search (not a duplicate title): \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH - DMV"</p>	<p>IV. Intended Use of Information:</p> <p><u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V(a)(8) [RSA 260:14V(a)(6)]. <small>Indicate specific reason here</small></p> <p><input checked="" type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10))] <small>(Initial here)</small></p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

*****Reverse Side Must Be Completed Before Processing*****

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace Commission Expiration _____</p>	<p>Certification:</p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ <i>Signature of Requestor</i></p> <p>Date: _____</p>
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification <input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify) _____	
ID Number _____	
Employee Verifying Applicant Identification (Print Name) _____	Signature _____

-----DO NOT WRITE BELOW THIS LINE-----