

Town of Wilton
Ambulance Department
PO Box 584
Wilton, NH 03086
Tel #: 603-654-2222
Fax #: 603-654-3307



Gary Zirpolo, Chief of Department
Karen Edmunds, Asst Chief
Robert Cole, Captain

E-Mail: Gary.Zirpolo@WLT-EMS.org

Application for Employment / Membership

Application Date: ____/____/____

Applicant Identification: Information provided in this section is used for identification purposes only.

Name: _____

Mailing Address: _____
Street Apt Town, State Zip Code

Street Address: _____
(If Different) Street Apt Town, State Zip Code

Home Tel: _____ - _____ - _____ Work Tel: _____ - _____ - _____

Cell Tel: _____ - _____ - _____ Other Tel: _____ - _____ - _____

E-Mail Address (List All): Primary: _____

Social Networking Sites a Member (Facebook, MySpace, etc): _____

Nickname(s), Maiden Name or other names by which you have been known _____

Social Security #: _____ - _____ - _____ Are you a US Citizen? Yes No

Date of Birth: ____/____/____ Are you authorized to legally work in US?

Driver License #: _____ Yes No

Expiration Date: ____/____/____

Are you now or have you ever been excluded from participating in any Medicare or federally funded programs?"

_____ Yes _____ No

Residences: List all addresses where you have lived during the past ten (10) years, beginning with your present address. List dates by month and year. Attach extra page if necessary.

From: _____ To: _____
Street Address Town, State Zip Code

From: _____ To: _____
Street Address Town, State Zip Code

From: _____ To: _____
Street Address Town, State Zip Code

From: _____ To: _____
Street Address Town, State Zip Code

From: _____ To: _____
Street Address Town, State Zip Code

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.							

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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

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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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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