



**Town of Wilton**  
 42 Main Street \* P.O. Box 83 \* Wilton, NH 03086  
 Phone: (603) 654-9451 \* Fax: (603) 654-6663

**EMPLOYMENT APPLICATION**

DATE:

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	
CITY:	STATE:                      ZIP:
TELEPHONE:	SSN:
POSITION APPLYING FOR:	

**EDUCATION**

EDUCATION LEVEL:		DEGREE:		
	<i>Name &amp; Location of School</i>	<i>Number of years attended</i>	<i>Degree type</i>	<i>Subjects Studied</i>
High School				
College				
Other				

**EXPERIENCE**

<i>Date of Employment</i>	<i>Employer Name &amp; Address</i>	<i>Position</i>	<i>Final wage</i>	<i>Reason for leaving</i>
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				

**MILITARY SERVICE**

Branch of Service:	
Discharge Date:	Rank:
Reserve/National Guard membership? <input type="checkbox"/> Yes <input type="checkbox"/> No      (Check one)	
Date obligation ends:	

1. \_\_\_\_\_ Yes \_\_\_\_\_ No Over age 18 years?
  2. \_\_\_\_\_ Yes \_\_\_\_\_ No Able to provide, upon employment, genuine proof of identity and eligibility to be legally employed on an unrestricted basis in the United States?
  3. \_\_\_\_\_ Yes \_\_\_\_\_ No A licensed driver? (answer only if position requires)
  4. \_\_\_\_\_ Yes \_\_\_\_\_ No A previous employee of the town?  
 Dates of previous employment:  
 From \_\_\_\_\_ To \_\_\_\_\_
  5. \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been convicted of a felony?  
 If yes, give date, place, charge and disposition: \_\_\_\_\_
- 

6. \_\_\_\_\_ Yes \_\_\_\_\_ No Do you have relatives currently employed with the town?  
 If yes, state name and relationship: \_\_\_\_\_

**SPECIAL SKILLS/LICENSES**

Type: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

List any other skills you have that will be beneficial in the performance of the position for which you are applying:

**REFERENCES**

<i>Name</i>	<i>Company name</i>	<i>Address (City/State)</i>	<i>Telephone</i>	<i>Years Known</i>

**CERTIFICATION/AUTHORIZATIONS**

I certify that the information contained in this application and in any accompanying supplemental materials provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Wilton to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Wilton, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Wilton to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Wilton may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Wilton.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ *Resume and/or letters of reference also included.*

***ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, PREGNANCY, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL, VETERAN OR ANY OTHER LEGALLY PROTECTED STATUS.***



**Town of Wilton Ambulance**

404 Forest Road  
PO Box 584  
Wilton, NH 03086  
Phone: 603-654-2222  
Fax: 603-654-3307  
E-Mail: [GZirpolo@Wiltonnh.org](mailto:GZirpolo@Wiltonnh.org)

Gary Zirpolo, Chief of Department  
Karen Artemik, Assistant Chief  
Robert Cole, Captain

Date: \_\_\_\_\_

EMS Providers Provider Name: \_\_\_\_\_

EMS Provider Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

I, the undersigned, have reviewed the US Department of Transportation, National Highway Safety Traffic Administration, EMT Functional Job Analysis (located at [http://www.nhtsa.gov/people/injury/ems/EMT-P/disk\\_1%5B1%5D/Intro-C.pdf](http://www.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf)) and feel that the above mentioned individual is capable to perform the physical tasks listed at the time of this letter. These physical traits include:

*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 Paramedic's, and other workers' well being must not be jeopardized*

If the member is NOT capable of performing the tasks in the US Department of Transportation, National Highway Safety Traffic Administration, EMT Functional Job Analysis, please document below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Signature Print

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_