



**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

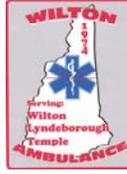
**Education History:**

	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](mailto:Gary.Zirpolo@wlt-ems.org)

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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

*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](mailto:Gary.Zirpolo@wlt-ems.org)

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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](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

# 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><b>I. Requested Information: Are you requesting:</b></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><b>II. Requestor Information:</b></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><b>III. Requested Records:</b></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><b>Make checks payable to "State of NH - DMV"</b></p>	<p><b>IV. Intended Use of Information:</b></p> <p><b><u>IMPORTANT: To be completed only if you checked Box C above</u></b></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. <b>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.</b> _____ [(RSA 260:14, V(a)(10))  <small>(Initial here)</small></p>
<p><b>V. Search For (provide all applicable information):</b></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><b>Notary Public / Justice of the Peace Acknowledgement:</b></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><b>Certification:</b></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.

<b>OFFICIAL USE ONLY</b>	
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-----



# State of New Hampshire

## Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

### EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(AFFIX Seal) (comm.. Exp.)

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_ DATE \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

#### FEES

LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site)  INKED - \$49.75  VOLUNTEERS - \$33.50 (Livescan or Ink)

NOTE: Make checks payable to: State of NH - Criminal Records  NH Only- \$25.00

Applicant fingerprint card must be submitted at the same time as payment and this form.