

EAST HADDAM AMBULANCE ASSOCIATION

Located at: 440 Town Street, East Haddam, CT 06423

Mailing Address: P.O. Box 17, Moodus, CT 06469

Phone: (860) 873-2838

www.easthaddamambulance.org

Proud to be a "Heartsafe" Community



JOB APPLICATION

East Haddam Ambulance is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact an association representative.

Please complete all sections below. Please attach additional pages if needed.

APPLICANT INFORMATION

Name

Address

City, State and Zip

Contact telephone number

Email address

Date of Application

EMPLOYMENT POSTION: EMT

How did you hear about this position?

If hired, when can you start?

PERSONAL INFORMATION

Do you have any friends, relatives or acquaintances that are members of or work for East Haddam Ambulance? _____ YES _____ NO

If yes, please provide names and relationship:

Are you 18 years or older?

Are you a United States citizen or approved to work in the United States?

What documents can you provide to work in the United States?

JOB EXPERIENCE

Please list all skills, certifications, training and experience that you have as they pertain to this position:

EMPLOYMENT HISTORY

Please list your past 3 employment positions. Include name of the company, dates employed, job title and responsibilities, supervisors name and contact information and your reason for leaving.

1.

2.

3.

REFERENCES: Please list 3 professional references who are not related to you. Please include their name, email address and contact phone number.

1.

2.

3.

AT-WILL EMPLOYMENT

The relationship between you and the East Haddam Ambulance is referred to as "employment at will". This means that your employment can be terminated at any time, for any reason, with or without cause, with or without notice, by you or by the East Haddam Ambulance. No representative of the East Haddam Ambulance has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is at will and you acknowledge that no oral or written statements or representations regarding your employment can alter your at will employment status.

I agree and acknowledge that all of the information provided is true and honest. Any information that is found to be false or misleading may be grounds for immediate termination.

Applicant Name

Date

Applicant Signature

Please submit complete application, resume and cover letter to:

Mail to: East Haddam Ambulance
C/O Service Administrator
P.O. Box 17
Moodus, CT 06469

Email to: Ehaaservice@gmail.com