

THE
University of Vermont
HEALTH NETWORK

Elizabethtown Community Hospital
Paramedic Program

Please read through the whole application to ensure all information is accurate. All information requested must accompany the completed application.

- ___ Copies of all current EMT and CPR cards
- ___ 250-500 Word admissions essay (See page 2 for requirements)
- ___ Current resume with three (3) references
- ___ Three (3) Letters of Recommendation
- ___ Copy of Military DD-214 (Long form) *if applicable*
- ___ Signed ESA authorization and release of information form for background check
- ___ Application fee \$50. Must be certified check or money order. (Made out to “Elizabethtown Community Hospital”, and “Paramedic Program” in the memo

Please return completed applications to:
UVMHN- Elizabethtown Community Hospital
Attn: Paramedic Program
PO Box 277
Elizabethtown, NY 12932

Or via email to:

paramedic@ech.org

ADMISSION ESSAY

A typed application essay of 250-500 words (Double Spaced, 1" margins, 12 point font, Times New Roman) must be submitted with this application to be considered for admission into the UVMHN- Elizabethtown Community Hospital Paramedic Program. The essay should state why the applicant wishes to become a paramedic and why they wish to attend the UVMHN- Elizabethtown Community Hospital Paramedic Program.

RESUME

Please attach a current resume with at least 3 personal references included.

LETTERS OF RECOMMENDATION

You must include Three (3) Letters of recommendation. One (1) of the letters should include someone who has recently supervised your practice in EMS. The other Two (2) should be professional references.

MILITARY

Attach a copy of your DD-214 (long form showing Honorable Discharge), with any medical MOS training certificates that you have completed if applicable.

INTERVIEW

The paramedic program will schedule interviews upon receipt of complete applications only. The candidate should expect to be scheduled for a one-hour interview with program staff. In that interview the candidate will be asked 10 standardized interview questions and will complete a standardized oral board. The program staff will make recommendations for entry and the candidate will be notified by email within 1 week of the interview.

ACCEPTANCE

To accept your seat in the program you will need to return your signed acceptance letter and a non-refundable \$500 deposit. This will secure your books and iPad for the program.

HEALTH CLEARANCE

As part of your acceptance to the paramedic program, you will be required to complete a physical and submit your immunization records to the department for health clearance. Forms will be sent with your acceptance package. We recommend that you schedule your physical now, as it can take some time to get in for a physical.

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Name _____ SS # _____XXX-XX-_____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

EMT # _____ State _____ Level _____ Exp. Date _____

Education: HS _____ College _____ AS/AAS BS/BA. MS.

Applicant's Statement and Signature

I, the applicant whose signature appears below this statement, acknowledge that the information set forth by me in the application is true and accurate. I understand that any false statement on this application may result in my dismissal. I understand that this application is not to be intended as a contract for acceptance into the Paramedic Program. I understand that it is my responsibility to maintain a current CPR and NYS EMT certification throughout the Paramedic Program. I understand I will be required to sign a NYS EMS student application (DOH-65) which states the following: I do affirm that I have not been convicted nor am I currently charged with any crime(s). Failure to be able to sign the DOH-65 *could* result in my being ineligible to sit for the NYS certifying examinations.

Signature of Applicant _____

Date _____

TO APPLICANT: Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit date. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

_____ (The "Company") requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed or representing the company, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen or hair strands to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I authorize Employment Screening Associates and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies. Under no circumstances will ESA provide or disclose any information regarding your credit history. We do not share, disclose or sell any information that can be used to authenticate your identity such as your Social Security Number, Date of Birth or Mother's Maiden Name.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, Employment Screening Associates, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here ☐.

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name:	FIRST	MIDDLE	LAST	Maiden Or Other Name(s)
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Current Address - Street	City	County	State	Zip	How Long
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Previous Address - Street	City	County	State	Zip	How Long
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Previous Address - Street, City, County, State, Zip	**List additional areas of (previous) residence on the following page**	How Long
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Social Security Number _____

Date of Birth (for confirmation of ID only) _____

Drivers License Number _____ State _____

Name - exactly as it appears on Driver's License _____

☐ Yes ☐ No

Authorization to contact present employer for reference?

Signature _____ Date _____

EDUCATION INFORMATION **Please list additional education credentials on the following page**

School/Institution Name: _____

School/Institution Location (city/state): _____

Diploma/License/Certificate/GED Full Name on Diploma/License/Certificate/GED: _____
(Please circle one)

Year Received: _____ License Number: _____ Expiration Date: _____