



**MONTCLAIR STATE
UNIVERSITY**



Emergency Medical Services Membership Application

Name:		Date:
Preferred Name:		CWID:
Currently Certified as EMT?	Yes No Currently in EMT School	Date of Birth:
Permanent (Home) Address:	Street:	
City:	State:	Zip:
Phone Number:		
Commuter:	Campus Resident:	Dorm Building/Room#:
Major:	GPA:	Expected Graduation Date:
Academic Year: Freshman	Soph.	Jr. Sr. Grad Student
Email Address:		
Emergency Contact Name:		
Phone:	Address:	
Alternate Phone:		
Emergency Contact Relationship:		
Please list any current certifications (CPR/ICS/CEVO, etc):		

In one or two sentences, please tell us why you would like to join EMS.

If you have previous EMS experience, please list your role with the squad, the name of the squad, and months/years of participation:

If you have any of the following certifications, please attach copies to this application when you email it to ems@montclair.edu:

- **EMT/NREMT**
- **BLS CPR**
- **ICS 100, 200, 700, 800**
- **CEVO/EVOC**
- **Blood Borne Pathogens**
- **Hazmat Awareness**
- **Any other applicable certifications**
- **Valid Drivers License**
- **MSU School ID**

If you do not have a GPA at Montclair State University because it is your first semester here, please note that if accepted, you will be considered to be on academic probation with the squad until your grades are posted. If at that time, you do not meet a minimum GPA of 2.75, you will be removed from the squad roster. You would be able to reapply once your grades meet the 2.75 GPA.

If you are a transfer student, please list the GPA from your former institution.



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Emergency Medical Services

AUTHORIZATION FOR BACKGROUND CHECK

Full Legal Name (Last, First, Middle): _____

Other Names / Nicknames / Also Known As: _____

Date of Birth: _____

Do you have a current Driver's License? YES _____ NO _____

DL Number and State: _____

I authorize the Montclair State University Police Department to run a basic background check for any current wants or warrants by law enforcement agencies.

I understand that any information obtained by this background check will be considered in determining my suitability for volunteer employment with Montclair State University Emergency Medical Services.

All applicants must meet the State of New Jersey EMT eligibility requirements in order to be accepted into the department. No applicant may begin training with MSU EMS until they have successfully passed a background check, which may include a driving abstract.

I understand that falsification, misrepresentation, or omission of any facts pertaining to this background check will be cause for denial of volunteer employment or immediate termination of volunteer employment regardless of the timing and circumstances of discovery.

I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of the background check will result in withdrawal of any offer of volunteer employment or termination of volunteer employment or service.

I understand that if contradictory results are found, additional information may be requested of me to help verify and ascertain identity and/or validity of the background check results.

APPLICANT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

Check Conducted by: _____ Date Conducted: _____

Wants & Warrants Results:

Clear (Wants & Warrants) _____ Not Clear (Wants & Warrants) _____

Incorrect or Insufficient information (comments):



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Emergency Medical Services

DRIVER ABSTRACT AUTHORIZATION

I have been advised that a valid motor vehicle operator's license is a condition for employment in connection with the position to which I have been hired as a Volunteer Employee at Montclair State University Emergency Medical Services.

I understand that the University has the right to perform an annual review and obtain an abstract of my New Jersey Division of Motor Vehicles driving record.

I further understand that if my driver's license is ever suspended or revoked, or if I should, in any way, either permanently or temporarily, lose my driving privileges in the state of New Jersey, it is my responsibility to immediately notify the Director of EMS of this fact. The loss of one's driver's license may result in reassignment, suspension, or termination.

Name _____

Signature _____

Date _____

Driver's License State: _____

Driver's License Number: _____

Driver's License Expiration: _____