

Sacopee Rescue Application

<i>Office Use Only</i>	
Interview: _____	_____
Backgd inv: _____	_____
Approved?	
YES <small>[NO] [DS]</small>	NO <small>[NO] [DS]</small>

Date of Application: _____

Name: _____
Last First MI

Address: _____
Street

_____ Town State Zip Code

Phone: _____ Day Eve Cell

Email: _____

*Date of Birth: _____

*SSN: _____ - _____ - _____

*Drivers License Number: _____

EMS License if applicable: _____

***Information needed for background check**

	Yes	No
Have you ever filed an application with Sacopee Rescue before? -	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a member of Sacopee Rescue? -----	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States? -----	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? -----	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain: _____

Within the past three (3) years have you been convicted of any traffic violations or misdemeanor crimes? Yes No

If yes, please explain: _____

How do you feel you could contribute to Sacopee Rescue? _____

Employer #2:

Company Name/Employer: _____

Address: _____

Street

Town

State

Zip Code

Supervisor: _____ **Phone:** _____

Dates of employment: From _____ to _____
mm/yyyy mm/yyyy

Please briefly describe the work you were required to perform: _____

What was your reason for leaving this employer? _____

Employer #3:

Company Name/Employer: _____

Address: _____

Street

Town

State

Zip Code

Supervisor: _____ **Phone:** _____

Dates of employment: From _____ to _____
mm/yyyy mm/yyyy

Please briefly describe the work you were required to perform: _____

What was your reason for leaving this employer? _____

From the employers listed, are there any that you request Sacopee Rescue not contact?

Yes No If yes, which one? _____

Do you have any physical conditions which may limit your ability to perform the particular job for which you are applying? Yes No If yes, please explain: _____

Do you have any physical defects which may limit your ability to do certain kinds of work? Yes No If yes, please explain: _____

Have you had any major illnesses in the past five years? Yes No If yes, please explain: _____

Please list three personal references:

Name: _____

Address: _____

_____ Town State Zip

Contact Phone: _____

Relationship: _____

Name: _____

Address: _____

_____ Town State Zip

Contact Phone: _____

Relationship: _____

Name: _____

Address: _____

_____ Town State Zip

Contact Phone: _____

Relationship: _____

Please list an emergency contact:

Name: _____

Address: _____

Town

State

Zip

Contact Phone: _____

Relationship: _____

RELEASE FORM

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize an investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision.

I authorize the release of any and all motor vehicle records, criminal records, and medical records prior to employment.

I hereby authorize the release from all liability all persons, companies, or other entities in releasing such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment. I understand that I am required to abide by all bylaws, rules, and regulations of Sacopee Rescue.

Printed Name

Date

Signature