**APPLICATION FOR MEMBERSHIP**



**NAME:** Click here to enter text. **Are you over 18?**

**ADDRESS:** Click here to enter text.

**CITY:** Click here to enter text. **STATE:** Click here to enter text. **ZIP:** Click here to enter text.

**HOME PHONE:** Click here to enter text. **CELL PHONE:**Click here to enter text. **CARRIER:** Click here to enter text.

**EMAIL ADDRESS:** Click here to enter text.

**EMPLOYED BY:** Click here to enter text. **HOW LONG?** Click here to enter text.

**DL #:** Click here to enter text. **STATE:** Click here to enter text. **ISSUE:** Click here to enter text.

**EXP:** Click here to enter text. **CLASS:** Click here to enter text.

**CERT LEVEL:** Click here to enter text. **SC CERT #:** Click here to enter text. **CERT EXP:** Click here to enter text.

**NATIONAL REGISTRY #:** Click here to enter text. **REGISTRY EXP:** Click here to enter text.



**Have you ever been convicted of a Felony?**

**If so, when?** Click here to enter text. **where?** Click here to enter text.

**What was the disposition of the case?** Click here to enter text.

**APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** Click here to enter a date.

**FOR OFFICE USE ONLY**

INTERVIEW DATE \_\_\_\_\_\_\_\_\_\_ ADDED TO: FLEET \_\_\_\_\_\_\_\_\_\_

HIRE DATE \_\_\_\_\_\_\_\_\_\_ ESCHEDULE \_\_\_\_\_\_\_\_\_\_

CIS VERIFIED \_\_\_\_\_\_\_\_\_\_ ESO \_\_\_\_\_\_\_\_\_\_

**APPLICATION CHECKLIST**

**YOU MUST HAVE ALL OF THE FOLLOWING ITEMS TURNED IN WITH YOUR APPLICATION INORDER TO BE CONSIDERED.**

**NAME:** Click here to enter text.

**DATE:** Click here to enter a date.

**COPIES OF YOUR DRIVER’S LICENSE AND SOCIAL SECURITY CARD**

**COPIES OF ALL APPLICABLE CERTIFICATIONS**

**A COPY OF YOUR SHOT RECORDS, MMR, TDAP, HEP B, CHICKEN POX (IF YOU WERE BORN BETWEEN 1963 – 1967 MUST HAVE REVACCINATION)**

**TB TEST WITHIN LAST 12 MONTHS / OR SUPPORTING PAPERWORK**

**FLU VACCINE WITHIN LAST 12 MONTHS / OR SUPPORTRING PAPERWORK**

**FEMA CERTIFICATIONS: 100,200,700,800, ACTIVE SHOOTER**

**YOU MUST CONSENT TO A CRIMINAL BACKGROUND CHECK. Aiken Rescue, Inc. WILL REQUEST ONE WHEN THE ENTIRITY OF YOUR APPLICATION HAS BEEN TURNED IN.**

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT MATTHEW MEUSE AT (803) 649-9501

THANK YOU!

**REFRENCES REQUIRED**

**YOU ARE REQUIRED TO SUPPLY AIKEN RESCUE, INC. WITH (3) PERSONAL AND (2) PROFESSIONAL REFRENCES.**

**PERSONAL**

**NAME PHONE NUMBER RELATIONSHIP**

1. Click here to enter text.Click here to enter text.Click here to enter text.
2. Click here to enter text.Click here to enter text.Click here to enter text.
3. Click here to enter text.Click here to enter text.Click here to enter text.

**PROFESSIONAL**

**NAME PHONE NUMBER RELATIONSHIP**

1. Click here to enter text.Click here to enter text.Click here to enter text.

**COMPANY NAME:** Click here to enter text.

1. Click here to enter text.Click here to enter text.Click here to enter text.

**COMPANY NAME:** Click here to enter text.

**PRIVATE CONTRACTOR AGREEMENT with AIKEN RESCUE, INC.**

I, Click here to enter text. , understand that if I receive any money from Aiken Rescue Inc in any calendar year, that Aiken Rescue Inc will provide the Internal Revenue Service my social security number and the total amount of the money I received in a 1099 MISC form.

I further understand and agree that I am an independent contractor while being reimbursed for my time, Aiken rescue Inc. does not provide me with regular business hours or guarantee me work at any time. I understand that I am responsible for all federal, state or any other withholding taxes that are due for that year. Aiken Rescue Inc will withhold 25% of my pay, if desired, which will be paid out at the end of the year to assist with taxes. I also understand that as a private contractor I am NOT covered by Workmen’s Compensation through Aiken Rescue, Inc.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature Date**