



APPLICATION FOR MEMBERSHIP

NAME: _____

ARE YOU OVER 18? YES NO

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

CARRIER: _____

EMAIL ADDRESS: _____

EMPLOYED BY: _____

HOW LONG? _____

DL #: _____

STATE: _____

ISSUE: _____

EXP: _____

CLASS: _____

CERT LEVEL: _____

SC CERT #: _____

CERT EXP: _____

NATIONAL REGISTRY #: _____

REGISTRY EXP: _____

HAVE YOU EVER BEEN CONVICTED OF A YES NO

FELONY? IF SO, WHEN? _____

WHERE? _____

WHAT WAS THE DISPOSITION OF THE CASE?

APPLICANT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

INTERVIEW DATE _____

ADDED TO: FLEET _____

HIRE DATE _____

ESCHEDULE _____

CIS VERIFIED _____

ESO _____

PO BOX 870, AIKEN SC 29802

PHONE 803-649-9501 / FAX 803-226-0427

EMAIL aikenrescue@atlanticbbn.net



APPLICATION CHECKLIST

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

NAME: _____

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 SUPPORTING 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 ENTIRETY OF YOUR APPLICATION HAS BEEN TURNED IN.

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

THANK YOU!

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REFERENCES REQUIRED

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

PERSONAL

NAME	PHONE NUMBER	RELATIONSHIP
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1. _____

2. _____

3. _____

PROFESSIONAL

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>	<u>Company</u>
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1. _____

2. _____

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PRIVATE CONTRACTOR AGREEMENT with AIKEN RESCUE, INC.

I, _____, 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

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