

**ASH-RAND RESCUE SQUAD & EMERGENCY MEDICAL SERVICES, INC.  
APPLICATION FOR PART TIME RESCUE EMPLOYMENT**

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_ M \_\_\_\_ F  
                    LAST           FIRST           MIDDLE

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # HOME ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ WORK ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MARITAL STATUS \_\_\_\_ SINGLE \_\_\_\_ MARRIED

CLASS B DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
                    STREET           CITY           STATE           ZIP           TELEPHONE #

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYMENT STATUS

PRESENT OCCUPATION \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_  
                                    STREET           CITY           STATE           ZIP

Employed from \_\_\_\_\_ to \_\_\_\_\_

PREVIOUS OCCUPATION \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_  
                                    STREET           CITY           STATE           ZIP

Employed from \_\_\_\_\_ to \_\_\_\_\_

PREVIOUS OCCUPATION \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_  
STREET CITY STATE ZIP

Employed from \_\_\_\_\_ to \_\_\_\_\_  
EDUCATION

HIGH SCHOOL (IF G.E.D. CHECK HERE \_\_\_\_\_)

NAME \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

UNIVERSITY

NAME \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

COMMUNITY COLLEGE

NAME \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

OTHER EDUCATION

NAME \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERSONNEL REFERENCES (OTHER THAN RELATIVES)

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

EMERGENCY TRAINING (CHECK LEVEL OF CERTIFICATION)

\_\_\_ EMT PARAMEDIC                      \_\_\_ CPR  
\_\_\_ ADVANCED EMT                      \_\_\_ TECHNICAL RESCUER / VMR  
\_\_\_ EMT B                                \_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
\_\_\_ MEDICAL RESPONDER                \_\_\_ YEARS EXPERIENCE

DATE CURRENT EMS CERTIFICATION EXPIRES \_\_\_\_\_ AND ARE YOU  
ENROLLED IN A CONTINUING EDUCATION CLASS? \_\_\_ YES \_\_\_ NO

LIST ALL RESCUE CERTIFICATIONS: TR/VMR IS REQUIRED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR OSFM, OEMS, AND TERMS TRANSCRIPTS  
COPY OF YOUR EMS CERTIFICATION AND ANY OTHER RESCUE RELATED CERTIFICATIONS

MISCELLANEOUS INFORMATION (CHECK OR ANSWER AS ACCURATE AS POSSIBLE)

\_\_\_ SWIM                      \_\_\_ SCUBA DIVER                      \_\_\_ CAMPING                      \_\_\_ HIKING  
\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

RELATED GENERAL INFORMATION: ALLERGIES AND PHOBIAS

\_\_\_ INSECTS \_\_\_ PLANTS \_\_\_ MEDICATION \_\_\_ HEIGHTS \_\_\_ CLOSE SPACE \_\_\_ ANIMALS  
IF CHECKED (SPECIFY) \_\_\_\_\_

DO YOU HAVE ANY MEDICAL PROBLEMS AND/OR TAKE MEDICATION? \_\_\_ YES \_\_\_ NO

IF YES (SPECIFY) \_\_\_\_\_

ARE YOU RESTRICTED TO CORRECTIVE LENSES TO DRIVE? \_\_\_ YES \_\_\_ NO

HAVE YOU HAD THE HEPATITIS B IMMUNIZATION? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY TYPE OF OFFENSES?  
MISDEMEANOR OR FELONY? \_\_\_ YES \_\_\_ NO IF YES, SPECIFY \_\_\_\_\_

DO YOU HAVE ANY POINTS ON YOUR DRIVER'S LICENSE? \_\_\_ YES \_\_\_ NO

IF YES, HOW MANY & WANT FOR? \_\_\_\_\_

MEMBERSHIP AREA AND BOARD OF DIRECTORS INFORMATION:

AREA OF ASH-RAND RESCUE SQUAD & EMS, INC. YOU ARE APPLYING TO:

\_\_\_ BASE 1 RESCUE

I CONSENT TO A LIFT TEST (APPX. WEIGHT OF 100 LBS.)

DATE \_\_\_\_\_ SIGNATURE

\_\_\_\_\_

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I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO GRANT PERMISSION TO THE RESCUE EMPLOYEE COMMITTEE, OR THEIR DESIGNEE, TO CONDUCT A FULL CRIMINAL HISTORY AND DMV BACKGROUND CHECK BASED UPON THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT I MAY BE DENIED EMPLOYMENT BASED UPON THE OUTCOME OF THE BACKGROUND CHECK.

\_\_\_ YES \_\_\_ NO DATE \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

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THE APPLICANT WAS REVIEWED BY THE RESCUE EMPLOYEE COMMITTEE AND WAS RECOMMENDED TO BEGIN A PROBATIONARY TRAINING PROGRAM AS NECESSARY.

DATE \_\_\_/\_\_\_/\_\_\_

PROJECTED DATES OF PROBATIONARY TESTS: \_\_\_/\_\_\_/\_\_\_

RESCUE EMPLOYEE COMMITTEE SIGNATURE: \_\_\_\_\_  
\_\_\_/\_\_\_/\_\_\_

PRESIDENT OF BOD SIGNATURE: \_\_\_\_\_  
\_\_\_/\_\_\_/\_\_\_

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APPLICANT TO RETURN TO THE RESCUE EMPLOYEE COMMITTEE ON \_\_\_/\_\_\_/\_\_\_ FOR 6 MONTHS PROBATION REVIEW.

THE RESCUE EMPLOYEE COMMITTEE APPROVED/DISAPPROVED THE APPLICANT FOR RELEASE FROM PROBATION ON \_\_\_/\_\_\_/\_\_\_.

CHECK LIST OF COPIES OF CERTAIN ITEMS TO BE ACCOMPANIED WITH THE APPLICATION FOR PRESENTATION TO THE EMPLOYEE COMMITTEE:

- \_\_\_ SIGNED APPLICATION
- \_\_\_ CLASS B DRIVER'S LICENSE
- \_\_\_ CHILDHOOD AND ALL PREVIOUS IMMUNIZATION RECORDS
- \_\_\_ EMERGENCY MEDICAL CERTIFICATION
- \_\_\_ RELATED CERTIFICATIONS (INCLUDING COPIES OF EDUCATION CERTIFICATES)
- \_\_\_ HEPATITIS B IMMUNIZATION FORM (WITH APPROVAL OR DISAPPROVAL)
- \_\_\_ LETTERS OF CHARACTER REFERENCES (INCLUDING BY WHOM RECOMMENDED)
- \_\_\_ OSFM TRANSCRIPT

ALL OF THE ABOVE COPIES AND DOCUMENTS MUST BE RETURNED WITH THIS APPLICATION TO THE CHAIRMAN OF THE BOARD OF DIRECTORS OR THEIR DESIGNEE AT LEAST TEN (10) DAYS PRIOR TO THE RESCUE EMPLOYEE COMMITTEE MEETING.