LaVale Volunteer Rescue Squad, Inc.

977 National Hwy, LaVale, MD 21502-7330
Phone: 301-729-4458 Fax: 301-729-8191

Application for Employment

Applicant Information

Position Applying For: ☐ ALS ☐ BLS ☐ Full Time ☐ Part Time

Last Name | First Name | Middle Name

Street Address

City | State | Zip Code

Primary Phone Number | Alternative Phone Number

Driver's License / Identification Card Number | State | Class | Expiration

Date of Birth | Social Security Number | E-Mail Address

Certification History

Certification Type	Certification Number	Initial Certification Date	Certification Expiration	State of Certification
CPR				
EMT-B				
CRT				
CRT-I				
Paramedic				
EVOC				
Hazmat Awareness				
Hazmat Operations				
NIMS 100				
NIMS 200				
NIMS 700				
NIMS 800				
Other (please list):				

Education

High School Attended: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

Technical School: _____ Skill / Trade: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

College / University: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

Major: _____ Minor: _____

College / University: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

Major: _____ Minor: _____

College / University: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

Major: _____ Minor: _____

Are you currently enrolled, or intend to enroll, in a college program? ☐ YES ☐ NO

If yes:

College / University: _____

City: _____ State: _____ Expected Graduation Date: _____

Major: _____ Minor: _____

Other / Previous Fire / EMS Affiliations

Are you currently or have you previously been affiliated with another fire or ambulance service or company? If yes, list them below. ☐ YES ☐ NO

Company Name: _____ Phone Number: _____

Address: _____ Dates Affiliated: _____ - _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____ Dates Affiliated: _____ - _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____ Dates Affiliated: _____ - _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____ Dates Affiliated: _____ - _____

Reason for leaving: _____

Employment History

List employers for the last seven (7) years starting with the most recent. If more space is needed, attach an additional sheet or resume. NOTE: Attachment of a resume does not substitute completing spaces available on this form.

Employer Name: _____ Phone Number: _____

Address: _____

Supervisor: _____ Supervisor's Title: _____

Position Held: _____ Dates Employed: _____ - _____

Reason for leaving: _____

Employer Name: _____ Phone Number: _____

Address: _____

Supervisor: _____ Supervisor's Title: _____

Position Held: _____ Dates Employed: _____ - _____

Reason for leaving: _____

Employer Name: _____ Phone Number: _____

Address: _____

Supervisor: _____ Supervisor's Title: _____

Position Held: _____ Dates Employed: _____ - _____

Reason for leaving: _____

Criminal History

Have you ever been convicted of any crime (other than minor traffic violations)? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

Do you currently have any criminal charges pending against you? ☐ YES ☐ NO

Are you currently on probation, parole, or probation before judgment (PBJ)? ☐ YES ☐ NO

If you answered yes to any of the questions above, attach additional sheets as needed to explain in detail the circumstances involved. We are prohibited by law from accepting members with certain criminal offenses.

Personal References

Provide three (3) personal references who are at least 18 years old and are not relatives. References will be contacted.

Name: _____ Relationship: _____

Address: _____ Years Known: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

E-Mail Address: _____ Phone Number: _____

Rescue Squad Information

Authorization to Request Information and Statement of Truth

I, _____, do hereby authorize the LaVale Volunteer Rescue Squad, Inc. to obtain any information they deem relevant to arrive at a decision regarding this application for membership. They have my permission to contact all references, previous employers, organizations, and other persons named on this application for membership, my resume, my reference sheet, or any others discovered through the course of this application and investigation. I further state that all information presented on this application for membership and any accompanying documents is true and complete to the best of my knowledge. I acknowledge that any false statements, relevant omissions, or willful concealment of information will be sufficient grounds for denial of membership, or if granted membership, dismissal from the organization. I agree and pledge that if I am granted employment with the LaVale Volunteer Rescue Squad, that I will abide by all the rules, regulations, Constitution, and By-Laws of the organization, and that failure to do so may result in my dismissal from the organization.

_____ Signature of Applicant

_____ Date

Application Checklist

- ☐ Complete application completely.
- ☐ Contacted references, verified addresses, and explained the importance of them responding to our request.
- ☐ Signed and dated the Authorization to Request Information and Statement of Truth.
- ☐ Completed the Employment Screening form following this page titled Authorization to Release Information.
- ☐ Attached a resume (if available).
- ☐ Attached any additional sheets needed for additional information requested elsewhere in this application.
- ☐ Attached copies of any certifications listed in the Certification History.
- ☐ Attached any other materials you would like the Employment Committee to consider (cover letter, etc.).

LaVale Volunteer Rescue Squad, Inc.

977 National Hwy, LaVale, MD 21502-7330
Phone: 301-729-4458 Fax: 301-729-8191

Application for Employment

REQUEST FOR BACKGROUND CHECK

Last Name _____ First Name _____ Middle Name _____

Current Address (Street Address, City, State, Zip) _____ Date Moved Here _____

Date of Birth _____ Other Names Used (maiden name, AKAs, etc.) _____

Social Security # _____ Driver's License / Identification # _____ State _____

List each City, State, and Zip Code where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LaVale Volunteer Rescue Squad ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature _____ Date _____

LaVale Volunteer Rescue Squad, Inc.

977 National Hwy, LaVale, MD 21502-7330
Phone: 301-729-4458 Fax: 301-729-8191

Application for Employment

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (available on our website, www.lavalerescue.org/recruitment) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by LaVale Volunteer Rescue Squad ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature	Date
Full Name (First/Middle/Last)	Social Security Number (SSN)*
Driver License State / Number	Date of Birth*
Current Address	City, State and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.
FCRA:EMPLOYMENT:017909:201501