

NORTH BRUNSWICK FIRST AID AND RESCUE SQUAD, INC.

MEMBERSHIP & EMPLOYMENT APPLICATION

DATE:	SENIOR / JUNIOR / ASSOCIATE / AUXILIARY / FULL-TIME / PER-DIEM				
LAST NAME: _____	FIRST NAME: _____			MI: _____	
CURRENT ADDRESS: _____ <i>how long?</i> _____				D.O.B: _____	AGE: _____
FORMER ADDRESS: _____ <i>(or home address if student)</i>				S. S. #: _____	GENDER: MALE / FEMALE
HOME PHONE: _____	CELLULAR PHONE: _____				
E-MAIL ADDRESS: _____	WORK PHONE: _____				

DRIVING HISTORY	
DO YOU HAVE A DRIVERS LICENSE? CIRCLE ONE: YES NO	IF YES, IN WHAT STATE? NJ__ OTHER _____
DO YOU OWN OR HAVE A VEHICLE AT YOUR DISPOSAL? CIRCLE ONE: YES NO	
LICENSE CURRENTLY SUSPENDED OR REVOKED? CIRCLE ONE: YES NO	If yes why: _____
DRIVERS LICENSE # _____	LICENSE PLATE # (of vehicle most often used): _____

EMPLOYMENT	
CURRENT EMPLOYER: _____	WOULD YOU OBJECT TO US CONTACTING THIS EMPLOYER? YES _____ NO _____
EMPLOYER'S ADDRESS: _____	
JOB TITLE: _____	
START DATE: _____	SUPERVISOR'S NAME & PHONE # _____
WORK SHIFTS (CIRCLE THE SHIFTS THAT YOU REGULARLY WORK): DAY EVENING OVERNIGHT ROTATING	

RECENT or PAST EMPLOYER: _____	WOULD YOU OBJECT TO US CONTACTING THIS EMPLOYER? YES _____ NO _____
EMPLOYER'S ADDRESS: _____	
START DATE: _____	SUPERVISOR'S NAME & PHONE # _____
END DATE: _____	JOB TITLE: _____

EDUCATION / AFFILIATION	
HIGHEST LEVEL OF EDUCATION COMPLETED: 9 10 11 GED HS GRAD AA/AS BA/BS GRAD POST-GRAD	
CAN YOU READ/WRITE/SPEAK ENGLISH FLUENTLY? CIRCLE ONE: YES NO	
FLUENT IN OTHER LANGUAGES? CIRCLE ONE: YES NO	WHICH? _____
AFFILIATED W/ANOTHER EMS ORG or FIRE DEPT? CIRCLE ONE: YES NO	WHICH? _____
HOW DID YOU HEAR ABOUT US? _____	

CERTIFICATIONS	
PLEASE CHECK OFF YOUR CURRENT CERTIFICATIONS (YOU MUST PROVIDE A COPY OF ALL CERTS):	
<input type="checkbox"/> NO CURRENT TRAINING	<input type="checkbox"/> RESCUE TECHNICIAN
<input type="checkbox"/> FIRST AID - ARC/NSC	<input type="checkbox"/> OTHER RELEVANT CERTIFICATIONS -LIST: _____
<input type="checkbox"/> CPR - ARC/AHA	<input type="checkbox"/> INSTRUCTOR CERTIFICATION(S) -LIST: _____
<input type="checkbox"/> 1ST RESPONDER	LIST: _____
<input type="checkbox"/> EMT/NREMT -IF SO ARE YOU NJ CERTIFIED? YES NO	IF NO, WHAT STATE? _____

MEDICAL HISTORY	
DO YOU HAVE ANY PHYSICAL DISABILITIES? CIRCLE ONE: YES NO	IF YES, WHICH: _____
DO YOU WEAR GLASSES OR CONTACT LENSES? CIRCLE ONE: YES NO	IF YES, WHICH: _____
ALLERGIC TO MATERIALS SUCH AS LATEX? CIRCLE ONE: YES NO	IF YES, WHICH: _____

LEGAL BACKGROUND	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? CIRCLE ONE: YES NO	IF YES, PLEASE DETAIL: _____

I wish to become a member or employee of the North Brunswick First Aid & Rescue Squad, Inc. and if approved I agree to bind myself to conform with all laws, rules, and regulations of said organization, as they are now enforced, or as they may hereafter be enacted or amended, and so submit to the penalties therein contained.

I agree to submit to a physical examination by the squad physician or provide proof from another licensed physician. I agree to submit to a background investigation by the North Brunswick Police Department which includes being fingerprinted. I agree to take and complete all courses necessary to remain affiliated. I further agree to return all properties belonging to said organization upon termination of my association.

I certify that this application was completed by me, and that all entries on it and information in it are true, to the best of my knowledge.

APPLICANT SIGNATURE	IF UNDER 18: PARENT / GUARDIAN SIGNATURE:	Accept/Reject Date:
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