

Culpeper County Rescue Squad, Inc. Membership Application Packet

Name: _____

Date: _____



Application for General Membership

PERSONAL

Failure to provide complete information on the form could delay the processing of your application.

Last Name:	First:	Middle:	Last 4 of SSN:
Street Address:			Home Phone:
City:	State:	Zip:	Business Phone:
How long have you lived at this address?		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Phone:
Driver's License Number and State:	Email Address:		Date of Birth:
Are you a citizen of the United States or a legal resident alien?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a valid driving license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn of our Company? <input type="checkbox"/> Referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Fundraiser			
<input type="checkbox"/> Another Fire and Rescue Station? Please list the station name:			
<input type="checkbox"/> Other? Please explain:			

EXPERIENCE

Have you ever filed an application with Culpeper County Rescue Squad?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when?		
Have you ever been denied membership to a fire and/or rescue department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:		
Have you ever been discharged for misconduct, unsatisfactory service or asked to resign from a fire and/or rescue department?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:		
Can you speak any foreign languages, including sign language?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list all languages:		
List all Fire/EMS/Medical certifications you have.	Can you provide a copy of all certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certifications	Certifications	
State	State	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Present Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	
Previous Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	
Previous Employer:	Telephone:
Address:	Employment Start and End (State Month and Year):
Name of Supervisor:	Reason for Leaving:
State Job Title and Describe Your Work:	

REFERENCES

Please list three references, **not related to you by blood, or marriage**, that you have known for at least two years.

NAME	RELATION	WORK PHONE #	HOME PHONE #
1.			
2.			
3.			

Please list three additional references from any previous membership in a fire department or rescue squad.

NAME	RELATION	WORK PHONE #	HOME PHONE #
1.			
2.			
3.			

EMERGENCY CONTACT

In case of an emergency, please notify:			Relationship:		
Address:				Home Phone:	
City:	State:	Zip:	Business Phone:	Mobile Phone:	

GENERAL INFORMATION

Have you ever been convicted of a traffic violation (not including parking tickets), a misdemeanor, or a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, fully explain charge(s), date(s), verdict(s), and any terms or conditions. State whether felony or misdemeanor.	
Are you currently under any pending indictment or charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the date and nature of the charge, police agency, court and disposition:	
Have you ever engaged in the use or sale of illegal substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have any medical issues or disabilities, which may interfere with your ability to fully perform all FIRE/EMS duties? (This is including but not limited to: spinal problems, back problems, heart problems, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	

Have you ever been or presently under a Doctor's care for ANY medical condition, mental disorder, or nervous condition? Yes No

If so, please explain:

Are you currently on disability? Yes No

If so, please explain:

Are you able to lift one hundred twenty-five (125) pounds? Yes No

ACCEPTANCE OF APPLICATION

I, the undersigned, certify that the information contained herein is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, erroneous, it may result in the rejecting of my application or in my discharge from the **Culpeper County Rescue Squad, Inc.** I also agree to abide by and uphold the rules, regulations, and by-laws of the **Culpeper County Rescue Squad, Inc.**

I further agree to maintain patient confidentially in accordance with the Health Insurance Portability and Accountability Act (HIPAA) as explained to me.

Upon resignation or termination of my membership, I agree to return all items issued by **Culpeper County Rescue Squad, Inc.**, including but not limited to pager/radio, protective gear, uniforms and any other items entrusted to me.

*Print Full Legal Name: _____

*Signature: _____

*Date: ____/____/____

Any applicant under the age of 18 must have the consent of a parent(s) or legal guardian to become a member of the Culpeper County Rescue Squad, Inc.

I, the undersigned, hereby give consent for my (son or daughter) _____ to become an active member of the **Culpeper County Rescue Squad, Inc.** and to participate in any and all department related activities.

*Print Full Legal Name: _____

*Parent/Legal Guardian Signature: _____

*Date: ____/____/____

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the President / Chief of the Company, or any other authorized official of the **Culpeper County Rescue Squad, Inc.**, bearing this release, permission to conduct a personal background investigation which I know may include any information held, in my personal and training files from other departments if applicable. I further authorize **Culpeper County Rescue Squad, Inc.** to conduct a criminal background check as well as a driver's license investigation.

This release is granted with full knowledge and understanding that information is for official use of the **Culpeper County Rescue Squad, Inc.** and furthermore, that it may be used to terminate this application. None of the information obtained will be released to any other individual or agency without consent of the applicant.

I hereby release you, as custodian of such records, from any liability or damage of whatever kind resulting at any time because of compliance with this authorization.

Print Full Legal Name _____ Date _____

Signature _____ Date _____