

Instructions for filling out this form.

Either:

1) Print it and fill out by hand.

or

2) Fill out online and then print it.

or

3) Choose File, Save As to save the document, then bring up Word and fill out in Word.

NOTE: This is a Word "form". If you would like to use the full features of the form, choose View, Toolbars, and Forms. Then click on last tool (padlock) to Protect Form. Use Tab key to move easily from field to field, or use your mouse to click on just those fields you wish to fill out.

You do not need to return this page with your application.

HICKORY RESCUE SQUAD INC.

Employment Application

Hickory Rescue Squad Membership Committee
Post Office Box 1056
Hickory NC 28603
Phone: 828-327-5466 Fax: 828-327-9282

APPLICATION INSTRUCTIONS

PLEASE READ AND FOLLOW CAREFULLY

- Applications are accepted for membership on the 1st and 3rd Wednesday night of the month at our regular schedule business and training meeting from 6:30 pm until or they can be mailed to the above address. **Applications must be returned to a member of the membership committee or squad officer** and will be held for three (3) months.
- **All applications must be accompanied with a background check of the applicants driving and criminal record.** The driving record can be obtained at <https://edmv-dr.dot.state.nc.us/DrivingRecords/DrivingRecords> for \$8. The criminal records can be obtained at the Catawba County clerk of court.
- **Incomplete applications will not be accepted. Applications that are received unsigned, undated, or incomplete, will be eliminated from consideration until properly fixed.**
- Please type or print application information. Use **Black Ink ONLY** to complete the application.
- Photocopies of the Application may be submitted with the current date, and an original signature.
- Resumes, cover letters and certifications may be submitted with the completed application for supplemental information.
- All applications become the property of Hickory Rescue Squad Inc and cannot be returned.
- **Hickory Rescue Squad Inc is a drug free work place. All persons offered membership must have a negative drug test before being placed on probationary status.**
- For information about membership or any other questions call 828-327-5466.

Hickory Rescue Squad Inc is an equal opportunity employer.

It is the policy of Hickory Rescue Squad to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

HICKORY RESCUE SQUAD INC.

Employment Application

Position Applied For (circle one) volunteer membership part-time employment full-time employment

First Name	MI	Last Name	SSN	
Address	City	State	Date of birth	Age
Zip Code	County	Daytime Phone	Evening Phone	

EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any rescue or other special classes you have taken. (ert,srt, confine space, trench rescue, and structure collapse)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

GENERAL INFORMATION

Please Answer All Questions

- Are you currently a member or employee of any other volunteer organization? yes no
- Are you a former member or employee of any volunteer organization? yes no
If yes, indicate Dept. and Date Separated _____
- Are you related by blood or marriage to any person currently a member or employee of the Hickory Rescue Squad Inc if yes, indicate Name, and Relationship yes no
- Have you ever worked under another name? (Used to verify work experience, education, etc.) yes no
If yes, please list _____
- Are you legally eligible to work in the United States? yes no
If you have a valid driver's license, indicate state of issuance and DL# _____
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation: yes no
If yes, please explain fully on separate sheet.
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.
- When will you be available to begin work (mo/day/yr)? _____

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. **DO NOT REFER TO RESUME.**

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____		
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____		
Reason for Leaving:		
Description of Work:		

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity, eligibility to work in the United States, and a background check of my driving, criminal, and / or other records before employment. I permit the Squad to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Hickory Rescue Squad with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Hickory Rescue Squad Inc from a person, employer, or institution.

I understand that Hickory Rescue Squad Inc is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Hickory Rescue, before I may be employed by Hickory Rescue Squad Inc.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

Signature of Applicant (Unsigned applications will not be processed)

Date

