

Hermon Volunteer Rescue & First Aid Squad Inc.

Employment Application



Applicant Information:

Last Name:	set Name: First Name		lame.		MI:	DOB:		
Last Name.	Last Name: First Name		iaille.		IVII.	ВОВ.		
Street Address:							Apt./Unit #:	
City:			State:				Zip:	
Phone #: E-mail Address:			drocc:					
FIIOTIC #.			E-mail Address:					
Date Available:			Desired salary:			Social Security #:		
Position Appli	ed For:					M	laine EMS Lic. #:	
☐ Driver ☐ EMT ☐ AEMT ☐ Paramedic								
Are you a citizen of the United States?					If no, are you authorized to work in the U.S.?			
□ Yes □ No					□ Yes □ No			
Have you ever worked for this company?					If so, when?			
□ Yes □ No								
Have you ever been convicted of a felony?					If yes, explain:			
□ Yes □ No								
CPR/ First Aid training?					If yes, explain:			
□ Yes □ No								
Education:					T			
High School:					Address:			
From:	To:	Did you	ı gradu	ate?	Degree:			
College:					Address:			
College.					Addiess.			
From:	To:	Did you	ı gradu	ate?	Degree:			
Other:					Address:			
From: To: Did you graduate?		ate?	Degree:					

References (Please list three professional references. [MUST BE NON-HVRS MEMBERS]): #1 Full name: Relationship: Company: Phone #: #2 Full name: Relationship: Company: Phone #: #3 Full name: Relationship: Company: Phone #: **Previous Employment:** Company: Phone #: Address: Supervisor: Job Title: Starting Salary: **Ending Salary:** Responsibilities: From: To: Reason for leaving: May we contact your supervisor for a reference? ☐ Yes ☐ No Phone #: Company: Address: Supervisor: **Ending Salary:** Job Title: Starting Salary: Responsibilities: To: From: Reason for leaving: May we contact your supervisor for a reference? ☐ Yes ☐ No Company: Phone #: Address: Supervisor: Job Title: Starting Salary: **Ending Salary:** Responsibilities: From: To: Reason for leaving:

☐ Yes ☐ No

May we contact your supervisor for a reference?

Service Name:	Pl	Phone #:				
Position:	Ye	ear(s) worked:	Supe	rvisor:		
Descen for leaving:						
Reason for leaving:						
Other certifications/courses:						
Military Service:						
Branch:		From:		То:		
Rank at Discharge:		Type of Discharge:				
If other than honorable, explain:						
Disclaimer and Signature:						
I certify that my answers are true and	complete to th	ne best of my kno	wledge.			
If this application leads to employment application or interview may result in		I that false or mis	sleading i	nformation in my		
I realize that if I am accepted for mem required to give freely of my time to a agree to abide by the rules, regulation ability.	ttend rescue c	alls, meetings, dr	ills and v	vork on committees. I		
By signing the application, I am giving committee permission to contact all m my permission for the membership co license check.	ny references f	or information re	garding	the applicant. I also give		
Signature:				Date:		

Hermon Volunteer Rescue and First Aid Squad, Inc.

Background Check Release

Name:	Date:					
Address:						
Street	City	Zip Code				
Home Phone:	Cell Phone:					
Date of Birth:	Social Security #:					
Employer:	Occupation: _					
Do you have a valid Driver's	license? Y / N If yes, license #	& State:				
Have you ever been convictor	ed of a crime involving a child/c	hildren endangerment?				
Y/N						
Have you ever been refused	l involvement with any youth or	ganizations?				
Y/ N						
If Yes to either, explain:						
Inc. to conduct background chec driving history, child abuse and c	give permission for Hermon Voluntee eks on me, which may include a review criminal history records. I hereby relea ue and First Aid Squad, Inc. or any of i	v of the sexual offender registry ase and hold harmless from				
Applicant Name (please prin	nt):					
Applicant Signature:		Date:				