



APPLICATION FOR EMPLOYMENT



BETHESDA-CHEVY CHASE RESCUE SQUAD

5020 Battery Lane, Bethesda, MD 20814
301-652-0077

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER & STREET (APT #) CITY STATE ZIP

TELEPHONE NUMBER: (H) () (W) ()

US CITIZEN: YES NO DOB ____ / ____ / ____ SOCIAL SECURITY NO. _____

DRIVERS LICENSE # _____ STATE _____ CLASS _____

IN CASE OF EMERGENCY NOTIFY _____
NAME PHONE #

ADDRESS _____
NUMBER & STREET (APT #) CITY STATE ZIP

MILITARY

BRANCH _____ NO. OF YEARS _____

TYPE OF DISCHARGE _____ DATE OF DISCHARGE ____ / ____ / ____

EDUCATION & TRAINING

Circle Highest Grade Completed:
1 2 3 4 5 6 7 8 9 10 12

Did you Graduate YES NO
Date _____

High School Equivalency Test:
Date Passed _____
State Awarded _____

LAST HIGH SCHOOL ATTENDED _____

ADDRESS _____
NUMBER & STREET CITY STATE ZIP

COLLEGES ATTENDED

SCHOOL NAME CITY & STATE	TYPE OF DIPLOMA OR DEGREE AWARDED	NUMBER OF CREDITS	MAJOR FIELD	DATES ATTENDED	
				From	To

GENERAL INFORMATION

Affirmative responses to the following questions will not automatically exclude you from membership consideration. Have you ever been dismissed or asked to resign from any position? YES NO If yes, please explain.

Have you ever forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole?

YES NO If yes, give details _____

Have you ever been convicted of a crime? YES NO If yes, give details _____

use a separate sheet of paper if necessary

Please list below any additional information you consider pertinent to your application for membership (including school honors, organization memberships, unique skills, etc.)

Have you ever been an applicant or employee/member of any fire department or rescue squad? YES NO

DEPARTMENT _____ DATES _____ FROM _____ TO _____

CURRENT OR LAST POSITION HELD _____

List three character references who are not related to you:

1. _____
NAME ADDRESS & ZIP CODE

PHONE # POSITION-OCCUPATION
2. _____
NAME ADDRESS & ZIP CODE

PHONE # POSITION-OCCUPATION
3. _____
NAME ADDRESS & ZIP CODE

PHONE # POSITION-OCCUPATION

EMPLOYMENT HISTORY

Instructions:

THE EXAMINATION PROCESS OFTEN ENTAILS A TRAINING AND EXPERIENCE RATING BASED ON THE INFORMATION SUPPLIED ON THE APPLICATION FORM. THEREFORE, PLEASE PROVIDE DETAILED EMPLOYMENT HISTORY - LAST POSITIONS HELD, INCLUDING MILITARY, PART-TIME, SUMMER, AND VOLUNTEER. USE ADDITIONAL SHEETS IF NECESSARY.

PRESENT OR MOST RECENT POSITION:

EMPLOYER NAME _____	Dates of Employment (Month/Year) From _____ To _____	Avg. Hrs. Per Week _____
ADDRESS _____		
NUMBER & STREET _____	CITY _____	STATE _____ ZIP _____
TELEPHONE (_____) _____ NAME OF SUPERVISOR _____		
REASON FOR LEAVING _____		
NO. & KIND OF EMPLOYEES SUPERVISED _____		
JOB TITLES & DUTIES _____		

FORMER POSITIONS:

EMPLOYER NAME _____	Dates of Employment (Month/Year) From _____ To _____	Avg. Hrs. Per Week _____
ADDRESS _____		
NUMBER & STREET _____	CITY _____	STATE _____ ZIP _____
TELEPHONE (_____) _____ NAME OF SUPERVISOR _____		
REASON FOR LEAVING _____		
NO. & KIND OF EMPLOYEES SUPERVISED _____		
JOB TITLES & DUTIES _____		

EMPLOYER NAME _____	Dates of Employment (Month/Year) From _____ To _____	Avg. Hrs. Per Week _____
ADDRESS _____		
NUMBER & STREET _____	CITY _____	STATE _____ ZIP _____
TELEPHONE (_____) _____ NAME OF SUPERVISOR _____		
REASON FOR LEAVING _____		
NO. & KIND OF EMPLOYEES SUPERVISED _____		
JOB TITLES & DUTIES _____		

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge from the rescue squad.

APPLICANTS SIGNATURE

DATE

BETHESDA-CHEVY CHASE RESCUE SQUAD, INC.

5020 Battery Lane – Bethesda, MD 20814

(301) 652-0077

AUTHORIZATION TO RELEASE

This is to certify that I, _____, am an applicant for the position of Emergency Medical Technician and/or Firefighter with the Bethesda-Chevy Chase Rescue Squad, Inc. and that I do hereby authorize the release of any and all information to the Bethesda-Chevy Chase Rescue Squad that they may request, from any of my records or files. Such information will include, but will not be limited to: hospital records, medical records, military records, police records, credit records, banking records, arrest records, court records, traffic records, confidential records, educational records, employment records and transcripts, etc. I also release all persons from any and all liability which could result from furnishing said information to the Bethesda-Chevy Chase Rescue Squad, Inc. or any of its agents.

Further, I authorize the Bethesda-Chevy Chase Rescue Squad, Inc. to copy or otherwise reproduce this original document, and let such copied or otherwise reproduced copy act as the original instrument. The original document is to be retained on file with the Bethesda-Chevy Chase Rescue Squad and this authorization to release information shall not expire.

Date: _____

Signature

Printed Name

Street Address

City, State and Zip

Witness:

Signature Title

| Date: _____