

# Jackson County Rescue Squad

828.586.8719  
P.O. Box 158  
Sylva NC, 28779



NEW APPLICATION  RECORDS UPDATE  (Update - Pages 1&2 Only)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION:

NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ADDRESS \_\_\_\_\_

## EMPLOYMENT INFORMATION:

CURRENT PLACE OF EMPLOYMENT \_\_\_\_\_

PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SCHEDULE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## PREVIOUS EMPLOYMENT

1. PLACE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. PLACE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. PLACE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

PHONE # \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

ADDRESS \_\_\_\_\_

## PERSONAL REFERENCES - Please Include a Letter of Reference from Each

1. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

2. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

3. NAME \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

Date of Record \_\_\_\_/\_\_\_\_/\_\_\_\_ Secretary Signature \_\_\_\_\_

**BACKGROUND CHECK – PLEASE INCLUDE A COPY OF YOUR DRIVING HISTORY AND A CRIMINAL BACKGROUND CHECK.**

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? \_\_\_\_\_  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY? \_\_\_\_\_  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU HAD ANY TRAFFIC VIOLATIONS? \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL/GED \_\_\_\_\_ GRADUATED \_\_\_\_\_  
COLLEGE/UNIVERSITY \_\_\_\_\_ DEGREE \_\_\_\_\_

SPECIAL SCHOOLS (I.E. Fire, Rescue, Law Enforcement) \_\_\_\_\_  
\_\_\_\_\_

SKILLS THAT WOULD BE BENEFICIAL DURING RESUCE OPERATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU WILLING TO TAKE CLASSES THAT WOULD BETTER YOUR SKILLS FOR RESUCE SQUAD OPERATIONS? \_\_\_\_\_

IN YOUR OWN WORDS, PLEASE EXPLAIN WHY YOU WANT TO JOIN THIS DEPARTMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the information given in the preceding application is true to the best of my knowledge. I hereby give my permission for the Rescue Squad to inquire about my driving and criminal history when necessary by the appropriate authorities. Furthermore, I understand that upon membership of this organization I will be required to follow all rules and regulations set forth by the department. Failure to do so may result in my dismissal from the department and possible charges.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date of Record \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Secretary Signature \_\_\_\_\_

## ***Internal Rescue Squad Use Only***

### **SCREENING COMMITTEE**

Please rate the applicant on scale of 1-5. 1 is the lowest score, 5 is the highest.

1. NAME \_\_\_\_\_ SCORE \_\_\_\_\_

2. NAME \_\_\_\_\_ SCORE \_\_\_\_\_

3. NAME \_\_\_\_\_ SCORE \_\_\_\_\_

Committee Signatures 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Probationary Period \_\_\_\_/\_\_\_\_/\_\_\_\_ Two Month Start Date

\_\_\_\_/\_\_\_\_/\_\_\_\_ Four Month Start Date

2 MONTH NOTES: \_\_\_\_\_

4 MONTH NOTES: \_\_\_\_\_

VOTED TO FULL MEMBERSHIP \_\_\_\_/\_\_\_\_/\_\_\_\_

ASSIGNED RESCUE SQUAD ROSTER NUMBER \_\_\_\_\_

BROTHERHOOD NUMBER \_\_\_\_\_ DATE ADDED \_\_\_\_/\_\_\_\_/\_\_\_\_

OSFM TRAINING ID \_\_\_\_\_

### **Membership Drop**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Good Standing or Bad Standing \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Record \_\_\_\_/\_\_\_\_/\_\_\_\_ Secretary Signature \_\_\_\_\_