

**Linville-Central Rescue Squad, Inc.**

PO Box 716  
Newland, NC 28657

**Application for Membership**

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS (Present) \_\_\_\_\_  
Street City State Zip

Address (Past) \_\_\_\_\_  
Street City State Zip

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ S.S.# \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

SQUAD RELATION (if applicable) \_\_\_\_\_

PHYSICAL OR MENTAL CONDITIONS (that may limit applicant for the position for which applying), i.e. heavy load lifting, hearing, sight, fear of confined spaces/heights, etc. \_\_\_\_\_

POSITION APPLYING FOR: MEDICAL ONLY \_\_\_\_\_  
RESCUE ONLY \_\_\_\_\_  
MEDICAL & RESCUE \_\_\_\_\_

CERTIFICATION(S): MR \_\_\_\_\_ EMT \_\_\_\_\_ EMT-I \_\_\_\_\_ EMT-P \_\_\_\_\_ RT \_\_\_\_\_  
INSTRUCTOR \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PREVIOUS MEDICAL/RESCUE TRAINING \_\_\_\_\_

EXPERIENCE RELATED TO MEDICAL/RESCUE WORK \_\_\_\_\_

HAVE YOU BEEN MEMBER OF ANOTHER RESCUE SQUAD? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHERE? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ POSITION? \_\_\_\_\_

HAVE YOU EVER APPLIED HERE FOR MEMBERSHIP? \_\_\_\_\_ WHEN? \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

LIST HOBBIES/ACTIVITIES YOU ENJOY \_\_\_\_\_

TECHNICAL TRAINING (plumbing, computers, carpenter, electrician, heavy equipment) \_\_\_\_\_

**PERSONAL REFERENCES**

NAME ADDRESS PHONE # #YEARS

NAME	ADDRESS	PHONE #	#YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FORMER EMPLOYERS (starting with the last one first)**

DATE MO/YR NAME/ADDRESS OF EMPLOYER POSITION REASON FOR LEAVING

DATE MO/YR	NAME/ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

U.S. MILITARY SERVICE? \_\_\_\_\_ BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

ACTIVE \_\_\_\_\_ INACTIVE \_\_\_\_\_ RESERVE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY \_\_\_\_\_ WHEN \_\_\_\_\_

WHERE \_\_\_\_\_ WHAT CHARGES \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

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EMERGENCY CONTACT (Name/Address/Phone) \_\_\_\_\_  
\_\_\_\_\_

BENEFICIARY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. If accepted into this Rescue Squad, I will be entitled to all benefits and privileges that may be offered. Furthermore, I also understand that I will be responsible to pull duty as may be directed by the Squad and as set forth in the By-Laws, that will be compatible with my job and/or further personal obligations. I understand that I will not be excused from the active duty roster for any reason for an extended period of time as set forth in the By-Laws. I understand that a physical may be required as set forth by the Standard Operating Procedures.

I, \_\_\_\_\_, state that I do not take any type of illegal drug(s) and that I am not dependent on any type of drug(s) or alcohol. If requested to do so, I will submit to a drug screening test to verify that my statement is true.

I have read and completed this application and fully understand its contents.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECOMMENDING MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

MEMBERSHIP COMMITTEE REVIEW DATE \_\_\_\_\_ P.E. EXAM RECEIVED \_\_\_\_\_

INVESTIGATION COMPLETED DATE \_\_\_\_\_

COPY OF STATE CERTIFICATION CARD \_\_\_\_\_ COPY OF DRIVER'S LICENSE \_\_\_\_\_

ACCEPTED FOR PROCESSING \_\_\_\_\_ FIRST VOTE \_\_\_\_\_

FINAL VOTE \_\_\_\_\_ REJECTED \_\_\_\_\_

ASSIGNED LINVILLE-CENTRAL RESCUE SQUAD, INC. # \_\_\_\_\_