



HENDERSON COUNTY RESCUE SQUAD APPLICATION FOR EMPLOYMENT

Please print or type application.			Date of Application
Application must be completed in full. Applicant may attach a resume, if desired.			
Last Four Digits of Social Security Number XXX-XX-	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip	Phone (Home or where you can be reached) ()	Business Phone ()

Availability			
If hired, can you provide written evidence that you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do not enter a response if the regulations do not apply.			
CHECK the types of work you will accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> As Needed (PRN)			
Earliest date you can begin work (mo./day/yr.)			

Jobs Applied For
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. This section must be completed to evaluate your application.
<input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT/Rescue Technician <input type="checkbox"/> EMT

Military Service
Give date of entry into military service: Separation date: Rank: Grade:

Referral Source
How were you referred to the Rescue Squad? <input type="checkbox"/> Website <input type="checkbox"/> ESC/Job Service <input type="checkbox"/> School <input type="checkbox"/> Other

Education				
Circle highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GED <input type="checkbox"/> College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
Schools	Name and Location	Grad?	Maj/Min Course Work	Type Deg.
High School		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
College University		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Graduate or Professional		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Other educational vocational school, internships, etc.		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
Special training programs and seminars you have completed in the last five years (List):				

List licenses, certifications, special courses, professional status, and membership in professional, honorary or technical societies:

Skills
 CHECK the following skills, experience, etc. which you have:

Driver's license Number State Foreign language (specify) _____ Transcription
 Chauffeur's license Number State Typing (specify WPM) _____ Sign language/Braille skills
 Car for use at work Shorthand/speed writing (specify WPM)
 Other Computer Skills (specify) _____

Other skills:

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you can not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. Driving while Impaired or under the influence of alcohol/drugs is not a minor traffic violation.)

Yes No (If yes, explain fully on an additional sheet)

Work History (include volunteer experience. Use Additional Sheets if necessary)

Current or Last Employer:			Address:			
Job Title:			Supervisor Name:		Telephone Number:	
Date Employed (mo./yr)	Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Separated mo./yr.)			Duties:			
Full time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week:						
Employer:						
Job Title:			Supervisor Name:		Telephone Number:	
Date Employed (mo./yr)	Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Separated mo./yr.)			Duties:			
Full time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week:						
Employer:						
Job Title:			Supervisor Name:		Telephone Number:	
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Date Separated mo./yr.)			Duties:			
Full time	Years	Months				
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If part time, number of hours worked per week:						
Employer:						
Job Title:			Supervisor Name:		Telephone Number:	
Date Employed (mo./yr)	Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Separated mo./yr.)			Duties:			
Full time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week:						
Employer:						

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Date Separated mo./yr.)		Duties:					
Full time	Years						Months
Part Time	Years						Months
If part time, number of hours worked per week:							
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority G.S. 14-122.1)</p>							
Signature of Applicant (typed name will constitute a signature, unsigned applications will not be processed)					Date		

Application Process:

1. Complete this application
2. Submit by email to jobs@hendersoncountyrescue.org or by mail to the below address
3. Applications will be reviewed by the department and if your application meets our particular needs you will be contacted for the remainder of the process to include:
 - Criminal Background Check
 - Driving History Review
 - Employment Verification
 - Panel Interview
 - Physical Agility Test