



Anna Rescue Squad

PO Box 201

Anna, OH 45302

(937) 394-7377

Membership Application

Applicant Information													
Full Name:													
Current address:													
City:		State:		ZIP Code:									
Date of birth:		SSN:		Phone:									
E-mail:			Driver License #:		State Issued:								
Current Certification Level:			State:		ZIP Code:								
Are you over 18 years of age?		Yes	No	Are you authorized to work and remain in the united States?		Yes	No						
Have you ever been discharged or forced to resign from any position?						Yes	No						
If yes, please explain:													
Position applied for:													
Availability (click all that apply):						Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Have you ever applied at Anna Rescue before?						Yes	No	If so, when?					
Have you served in the U.S. Armed Forces?						Yes	No	If yes, Branch?					
Date entered Active Duty:						Date released from Active Duty:							
Were you honorably discharged? (if applicable)						Yes	No						
Have you ever been convicted of any violation of the law? (Exclude traffic violations) A conviction will not necessarily disqualify an applicant													
from the position sought?						Yes	No						
If Yes, please explain:													
Education													
Are you a High School Graduate?						Yes	No	High School Equivalency?				Yes	No
Are you presently attending school?						Yes	No	Type of Education:					
Name of Institution:						Field of Study:							
Type of Degree:						Did you Graduate?						Yes	No
Professional License or Certificate (Optional)													
Field of Study:						Type of Degree:							
Did you Graduate?						Yes	No	Type of License or Certification:					
Ohio Certification Number:						Date Issued:		Expiration Date:					
Employment Information													
Current employer:													
Employer address:													
City:		State:		ZIP Code:									
Phone:		E-mail:											
Supervisor:		Date started:		Date ended (if applicable):									
Position:		Reason for leaving (if applicable):											

Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Supervisor:	Date started:	Date ended (if applicable):
Position:	Reason for leaving (if applicable):	

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Employer address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Supervisor:	Date started:	Date ended (if applicable):
Position:	Reason for leaving (if applicable):	

Professional References

Name:	Title:	Phone:	Years Acquainted:
Name:	Title:	Phone:	Years Acquainted:
Name:	Title:	Phone:	Years Acquainted:

APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION

(Required for ALL Positions)

I understand that this employment application and any other Anna Rescue documents are not contracts of employment, and any person hired may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by a prospective or existing employee. I understand that Anna Rescue may modify, change, or revoke any of its employment policies, pay practices, and benefits without my agreement. I hereby state that all answers on this application are true and understand that falsifying this information can lead to termination if hired. I UNDERSTAND THAT IN ACCORDANCE WITH DEPARTMENT POLICY, FINAL CANDIDATES ARE SUBJECT TO A FULL BACKGROUND CHECK AND AN ALCOHOL / DRUG TEST AS A CONDITION OF EMPLOYMENT.

I hereby authorize any and all persons, companies, or agencies to release any and all background information, of a confidential or privileged nature, including criminal history, relevant to this application and any pertinent information they may have to the hiring authorities of Anna Rescue. I release all such parties from all liability of every kind as the result of furnishing the same to Anna Rescue. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking. I hereby release Anna Rescue and its officers, agents and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position.

Signature of applicant (signature required):	Date:
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