

Anna Rescue Squad



Employment Application

Applicant Information									
Full Name:									
Alias or previous surnames:									
Current address:									
City:	ZIP Code:								
How many years have you lived at your current add	ress?								
Previous address (if current is less than 5 years)									
City:	State:		ZIP Code:						
Date of birth:	SSN:		-	Phone:					
E-mail:	Driver I	icense #:		State Issued:					
Are you over 18 years of age? Yes No	Are you authorized	united Stat	es? Yes No						
Have you ever been discharged or forced to resign from any position? Yes No									
If yes, please explain:									
Position applied for (circle all that apply): Part-time Staff Stipend Volunteer Officer									
Availability (click all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday									
Hours of availability?									
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									
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 1	No					
Professional License or Certificate	(Optional)								
Field of Study: Type of Degree:									
Did you Graduate? Yes No Type of License or Certification:									
'									
Current EMS Certification Level:	Certification #: Expiration Date:			State:					
Are you CPR Certified?	Date Issued	'	ı	Expiration Date:					

Employment Informatio	n							
Current employer:								
Employer address:								
City:	State:					Z	ZIP Code:	
Phone:		E-	·mail:					
Supervisor:		Di	ate started:		Date ended (if ap	plicable	e):	
Position:		Reason for leaving (if applicable):						
Previous employer:								
Employer address:								
City:	State:					Z	ZIP Code:	
Phone:		E-	-mail:					
Supervisor:		Date started: Date ended (if a			plicable	e):		
Position:			Reason for leaving	(if applicable):			
Previous employer:								
Employer address:								
City:	State:	-				2	ZIP Code:	
Phone:		E-	-mail:					
Supervisor:		Di	ate started:		Date ended (if ap	plicable	e):	
Position:			Reason for leaving	(if applicable):			
Professional Reference	s							
Name:	Title:			Phone:			Years Acquainted:	
Name:	Title:	Title:		Phone:			Years Acquainted:	
Name:	Title:			Phone:	one: Years Acquainted:			
APPLICANT'S STATEMENT AND	AUTHORITY	TO F	RELEASE INFORMA	ΓΙΟΝ				
(Required for ALL Positions)								
(**************************************								
I understand that this employme								
person hired may be terminated the contrary are expressly disav								
Anna Rescue may modify, chang								
hereby state that all answers on hired. I UNDERSTAND THAT IN A	ACCORDANCE	WI	TH DEPARTMENT P	OLICY, FINA	AL CANDIDATES A			
BACKGROUND CHECK AND AN	ALCOHOL / D	RUC	S TEST AS A CONDI	TION OF EN	IPLOYMENT.			
I hereby authorize any and all pe	rsons, compa	nies	. or agencies to rele	ase anv and	l all background ir	nforma	tion, of a confidential	
or privileged nature, including c	riminal history	, rel	evant to this applica	tion and any	y pertinent inform	ation t	hey may have to the	
hiring authorities of Anna Rescu Anna Rescue. This information i								
position I am seeking. I hereby re	elease Anna R	escı	ue and its officers, a	gents and e	mployees from an			
and all of the foregoing informat	ion, in conside	ati	on for being reviewe	u for the af	oresaid position.			
Signature of applicant:						Date:		