

**FILL OUT COMPLETELY – PRINT IN INK OR TYPE**

*An Equal Opportunity Employer*

**Avalon Rescue Squad**

**3000 Dune Drive**

**Avalon, NJ 08202**

**(609) 368-5288**

[www.avalonboro.org/rescue](http://www.avalonboro.org/rescue)



\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ Apartment # or Development

\_\_\_\_\_ City

\_\_\_\_\_ State and Zip Code

\_\_\_\_\_ E-Mail Address

\_\_\_\_\_ Social Security Number

( ) \_\_\_\_\_ Home Phone Number

( ) \_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ Drivers License Number and State

Is your Driver's License Valid? \_\_\_\_ Yes  
\_\_\_\_ No

\_\_\_\_\_ Date of Birth

- Requirements:**
- high school graduate or equivalent
  - Must be a U.S. Citizen
  - Must possess a current and valid EMT Certification issued or recognized by the NJ Dept. of Health and Senior Services.
  - Must possess a current and valid CPR Certification (Professional Level) issued by the ARC, AHA or equivalent.
  - Must possess a driver's license valid in New Jersey.

Type of Work Desired:	Full Time EMT: __Y__N	Part Time EMT: __Y__N	Volunteer EMT: __Y__N
Salary Desired:\$		Available Date: / /	

## EDUCATION and TRAINING

Circle Highest Grade Completed					Do you have a high school equivalency certificate of G.E.D. Cert.?				
Grade School	High School	College	Graduate	Ph.D	___YES		___NO		
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3	4					
	School Name And Location	Dates of Attendance From and To	Date Graduated	Degree (BA/MS/PhD)	Credit Hours	Major Subject Minor Subject			
Grade School									
High School or G.E.D.									
College or University									
Graduate School									
Other Education Trade or Business									
Are you studying now?	School Name and Location:			Course Study:					
List Technical/Professional Licenses or Certificates of Training:									

## MILITARY SERVICE

Dates of U.S. Military Service From: / / To: / /	Branch of Service:	Service Number:	Rank – Rate – Grade:
Describe Primary Duties:		Type of Discharge:	
Awards or Decorations:		Selective Service Classification:	

Have you ever been convicted of or presently charged with violation of Federal, State, County or Municipal Laws or ordinances (other than minor traffic violations resulting in a fine of \$25.00 or less)? Include conviction under court martial and non-judicial punishment while in the U.S. Military Service. (a "YES" reply does not disqualify you) \_\_\_YES \_\_\_NO

If YES: give date, place, charge and disposition below (additional space on back of application if needed)

DATE:	PLACE:	CHARGE(S):	DISPOSITION:

**EMPLOYMENT HISTORY:** Begin with your present or most recent employment. List number and type of people you supervised in each position under "Description of your work." Be sure to include dates for each position. Addition space on back page of application.

**COMPLETE IN FULL – EVEN IF YOU ARE SUBMITTING A RESUME**

Present or last employer:		Description of your work:		
Address:		Phone Number:		
Starting Salary:	Present Salary:	Position/Title:	Number of people Supervised:	Employment Dates:
Supervisor's Name and Title:		Reason for Changing Employment:	May we contact your present employer? ____ YES ____ NO	
Previous employer:		Description of your work:		
Address:		Phone Number:		
Starting Salary:	Present Salary:	Position/Title:	Number of people Supervised:	Employment Dates:
Supervisor's Name and Title:		Reason for Changing Employment:	May we contact your present employer? ____ YES ____ NO	
Previous employer:		Description of your work:		
Address:		Phone Number:		
Starting Salary:	Present Salary:	Position/Title:	Number of people Supervised:	Employment Dates:
Supervisor's Name and Title:		Reason for Changing Employment:	May we contact your present employer? ____ YES ____ NO	
Previous employer:		Description of your work:		
Address:		Phone Number:		
Starting Salary:	Present Salary:	Position/Title:	Number of people Supervised:	Employment Dates:
Supervisor's Name and Title:		Reason for Changing Employment:	May we contact your present employer? ____ YES ____ NO	

**REFERENCES – DO NOT USE RELATIVES OR FORMER EMPLOYERS**

Name	Home Address	Phone Number	Occupation	Years Known

State briefly, on the back page, any accomplishments, hobbies, skills, scholastic honors, interests or experiences.

I hereby certify that the answers given by me to the foregoing questions are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of fact in this application or any supplements thereof, is cause for rejections of my application or discharge at any time during my employment. I voluntarily authorize any former employers, schools, persons named herein to give information regarding me whether or not such information is a part of their records. I release said organizations from any liability or claim whatsoever for issuing this information. I understand as a condition of employment, I may be required to pass an employment physical and any further physical examinations required.

Signature: \_\_\_\_\_

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

## **ADDITIONAL INFORMATION**