WASHINGTON RESQUE SQUAD APPLICATION

Name:_______________________________________

Date of Application:_____________________________

Directions:

1. This application must to be typewritten or legibly printed.
2. This application must be completely filled out, any blank spaces should be filled in with N/A.
3. Any questions which cannot be answered in the space available should be answered on the back of that page. Page three may be copied.
4. Applicants must sign the CRIMINAL RECORD RELEASE AUTHORIZATON FORM and have it notarized by a Notary Public or Justice of the Peace. Available at: http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf
5. Completed applications may be mailed to the Washington Fire Department or hand delivered to a Fire or Rescue officer. Please include copies of any training or certifications you have listed in this application.

Washington Fire Department
7 Halfmoon Pond Rd
Washington, NH 03280

THE WASHINGTON FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

For Official Use Only

Date Application Received__________
Nomination Date____________________
References Checked_______________
Criminal Record Check______________
Accepted / Rejected Date______________
WASHINGTON FIRE DEPT. RESCUE COMPANY
MEMBERSHIP APPLICATION

GENERAL INFORMATION

Name (Last) __________________________ (First) __________________________ (MI) __________________________.
Home Phone __________________________ Cell Phone __________________________
Email Address __________________________
Mailing Address __________________________ City __________________________ State __________________________ Zip __________________________
Home Address __________________________

Position you are applying for: FR___ EMT-B____ AEMT____ Paramedic____ Driver____

Are you able to perform the essential functions of the job you are applying for with or without unreasonable accommodation? YES _____ NO _____

EDUCATION

Have you completed High School or passed the General Education Test? YES_____ NO_____

Highest Education Level Completed 12 13 14 15 16 17 18

High School: ______________________________________________ Year: __________________________
Location: ______________________________________________
College/ University: ______________________________________ Location: __________________________
Major: __________________________ Degree: __________________________ Year: __________________________

Are you a veteran? YES NO Branch of Service __________________________ Discharge __________________________

Are you currently employed? YES____ NO ____ Full Time_____ Part Time____
Job Title __________________________ From (mm/yr) __________ To (mm/yr) __________
Employer __________________________ Phone number __________________________
Address __________________________
Specific Duties __________________________

________________________________________________________

________________________________________________________
WASHINGTON FIRE DEPT. RESCUE COMPANY
MEMBERSHIP APPLICATION

EMPLOYMENT HISTORY
*Please list your work experience and include volunteer work and military experience for the past ten years. (Most recent first)*

<table>
<thead>
<tr>
<th>Job Title</th>
<th>From (mm/yr)</th>
<th>To (mm/yr)</th>
<th>Employer</th>
<th>Phone number</th>
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</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>YES _____ NO _____</td>
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<td>YES _____ NO _____</td>
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Specific Duties

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Supervisor __________________________ May We Contact This Employer YES _____ NO _____

Job Title __________________________ From (mm/yr) ________ To (mm/yr) ________

Employer __________________________ Phone number __________________

Address __________________________

Specific Duties __________________________

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Supervisor __________________________ May We Contact This Employer YES _____ NO _____

Job Title __________________________ From (mm/yr) ________ To (mm/yr) ________

Employer __________________________ Phone number __________________

Address __________________________

Specific Duties __________________________

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Supervisor __________________________ May We Contact This Employer YES _____ NO _____

Job Title __________________________ From (mm/yr) ________ To (mm/yr) ________

Employer __________________________ Phone number __________________

Address __________________________

Specific Duties __________________________

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WASHINGTON FIRE DEPT. RESCUE COMPANY
MEMBERSHIP APPLICATION

SPECIAL SKILLS AND TRAINING

Are you currently a Nationally Registered EMT or Paramedic? YES____ NO____
Classification________________ Registry No._____________ Expiration Date________________

Do you have a current NH EMS PROVIDER LICENSE? YES____ NO____
Level________________ License No._________ Expiration Date________________

Are you certified in CPR/AED? YES____ NO____

Are you licensed to drive in the State of New Hampshire? YES____ NO____ NH DL No.__________
Classification: Operator_____ CDL Class_________________ Endorsements_____________________

Are there any specialized courses you have taken that should be considered in reviewing this application? YES____ NO____

Please explain below: Please include dates, schools and certification numbers if applicable.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you been vaccinated against Hepatitis B? YES____ NO____

If you have been convicted of a felony you may be disqualified from being hired to any position with the Washington Fire Department- Rescue Company.

I have signed the CRIMINAL RECORD RELEASE AUTHORIZATON FORM YES____ NO____

I have read and understand the Washington Fire Department- Rescue Company By-Laws and Standard Operating Procedures and agree to abide by them if accepted as a member.
YES____ NO____
REFERENCES

*Please provide the names, addresses and phone numbers of three references*

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<th>Name</th>
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I certify the information provided in or attached to this application is complete, accurate and up to date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herin, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions of, my application may be rejected. Finally, I understand that if I should be employed at the time such investigation and discloser, my service may be terminated.

☐ By checking this box, you are certifying that you have read and agree to the above statement.

SIGNATURE OF APPLICANT _____________________________ DATE____________