

WASHINGTON, NH  RESCUE SQUAD
MEMBERSHIP APPLICATION

Name: _____

Date of Application: _____

Directions:

1. This application must 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 AUTHORIZATION 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 WRS or hand delivered to a WRS officer. Please include copies of any training or certifications you have listed in this application.

Washington Rescue Squad
P.O. Box 223
Washington, NH 03280

THE WASHINGTON RESCUE SQUAD IS AN EQUAL OPPORTUNITY EMPLOYER.

For Official Use Only

Date Application Received _____

Nomination Date _____

References Checked _____

Criminal Record Check _____

Accepted / Rejected Date _____

WASHINGTON, NH, RESCUE SQUAD 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 EMT-I 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 _____

Supervisor _____ May We Contact This Employer YES NO

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EMPLOYMENT HISTORY

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

Job Title _____ From (mm/yr) _____ To (mm/yr) _____

Employer _____ Phone number _____

Address _____

Specific Duties _____

Supervisor _____ May We Contact This Employer YES NO

Job Title _____ From (mm/yr) _____ To (mm/yr) _____

Employer _____ Phone number _____

Address _____

Specific Duties _____

Supervisor _____ May We Contact This Employer YES NO

Job Title _____ From (mm/yr) _____ To (mm/yr) _____

Employer _____ Phone number _____

Address _____

Specific Duties _____

Supervisor _____ May We Contact This Employer YES NO

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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 Rescue Squad.

I have signed the CRIMINAL RECORD RELEASE AUTHORIZATION FORM YES NO

I have read and understand the Washington Rescue Squad By-Laws and Standard Operating Procedures and agree to abide by them if accepted as a member. YES NO

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REFERENCES

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

Name _____

Phone _____

Address _____

Relationship _____ Years Known _____

Name _____

Phone _____

Address _____

Relationship _____ Years Known _____

Name _____

Phone _____

Address _____

Relationship _____ Years Known _____

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 herein, 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, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, 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** _____



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
 STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ **HAIR COLOR** _____ **EYE COLOR** _____ **SEX** _____

DRIVER LICENSE NUMBER _____ **STATE** _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ **DATE** _____

Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

 NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS _____
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ **DATE** _____

NOTARY'S SIGNATURE _____ **DATE** _____
 (Affix Seal) (Comm. Exp.)

 SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH – Criminal Records.

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace</p> <p>_____ Commission Expiration</p>	<p>Certification:</p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ Signature of Requestor</p> <p>Date: _____</p>
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VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-issued Photo ID <input type="checkbox"/> Valid Military Identification	<input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify) _____
ID Number _____	
_____ Employee Verifying Applicant Identification (Print Name)	_____ Signature

-----DO NOT WRITE BELOW THIS LINE-----