



APPLICATION FOR MEMBERSHIP

Marlinton Rescue Squad & Emergency Medical Services
a division of Marlinton Volunteer Fire Department, Inc.
709 Second Avenue
Marlinton, WV 24954

The Rescue Squad does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

PERSONAL:

Name: _____ Date: _____
Last First MI

Address: _____
Number & Street City State Zip Code

e-mail Address: _____ Day Phone Number: _____

Desired start date: _____ Evening Phone Number: _____

Social Security Number: _____ Are you over 18 years old? ____ Yes ____ No

Driver's License Number: _____ Date of Birth: _____

State: _____

EDUCATION:

High School: No. of Yrs Completed (*circle one*) 1 2 3 4 **Diploma:** ____ Yes ____ No ____ GED

School(s) _____ City/State: _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State: _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

EMS CERTIFICATION: ATTACH COPY OF ALL CERTIFICATION(S)

Type of Certification Held _____ WV Certification Number: _____

Expiration Date: _____ Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

This application for membership is good for 90 days only.
Consideration for membership after 90 days requires a new application.

SKILLS: PLEASE LIST ANY EMS OR FIRE RELATED SKILLS OR CERTIFICATION THAT YOU HAVE; ATTACH COPY OF CERTIFICATE(S)

Have you ever been an applicant or member of any other fire, rescue or EMS agency? _____ Yes _____ No

If so, please state agency name and location and dates of membership _____

RECORD OF CONVICTION:

Have you ever been convicted of a crime other than a minor traffic offense? _____ Yes _____ No

If yes, fully explain: _____
(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ to _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ to _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ to _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____ Dates of Employment: From _____ to _____

Supervisor _____ Department _____

Duties _____ Full Time Part Time No. of Hrs _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history _____

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination? ____ Yes ____ No

If yes, explain: _____

REFERENCES (PLEASE LIST THOSE TO WHOM YOU HAVE GIVEN REFERENCE FORMS)

WE MUST RECEIVE COMPLETED REFERENCES FROM ALL THREE PERSONS, ONE OF WHOM MUST BE AN ACTIVE RESCUE SQUAD MEMBER.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Name _____

Address _____

Phone _____

DAYS AND TIMES MOST AVAILABLE FOR EMS CALLS

Please list the days and time of day you are most available to make ambulance calls:

Would your employer allow you to leave work to make ambulance calls? _____ Yes _____ No _____ Don't Know

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Marlinton Rescue Squad and its Officers to verify the accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit. I hereby release the Marlinton Rescue Squad, its Officers, and assigns from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of Marlinton Rescue Squad.

I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.

I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the Squad. However, I further understand that neither the policies, rules and regulations of membership or anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the Squad may terminate my membership at any time with or without notice or cause.

I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Marlinton Rescue Squad officers and members.

Signature of Applicant _____

Date: _____

Printed Name of Applicant _____