



FLORENCE COUNTY RESCUE SQUAD

VOLUNTEER APPLICATION



PERSONAL INFORMATION			
First Name	M.I.	Last	
Address			
City	State	Zip	Soc. Security#
Home Phone	Cell Phone		Business Phone
E-Mail	DOB (Background Check Only)		Drivers License #
EMERGENCY CONTACT INFORMATION			
Name of Emergency Contact			Relationship
Address			Telephone #'s
Name of Nearest Relative Not Living With You			Relationship
Address			Telephone #'s
MILITARY SERVICE			
Branch	# of Years Served	Date of Discharge	Type of Discharge
EDUCATION			
Name, City, State of Education	Graduated? Yes/No	Dates Attended	Degree(s) Received
High School			
Technical GED, Other			
College or University			
EMS Related			
Fire Related			



**FLORENCE COUNTY RESCUE SQUAD
VOLUNTEER APPLICATION**



GENERAL INFORMATION

CON'T

Have you ever been convicted of or pled guilty to a crime (Felony, misdemeanor or other) - Including being sentenced to probation before judgment, pleading no contest, or being subject to a similar disposition?

_____ Yes _____ No If yes, please explain:

CHARACTER REFERENCES

(List two references that are Not related to you.)

Name: _____ Telephone: _____

Address: _____ City: _____ State Zip: _____

Position/Occupation: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State Zip: _____

Position/Occupation: _____

SIGNATURE REQUIRED

Please be sure you have signed and dated below and that you have answered every question clearly and completely.

By signing below you are certifying that you are applying for a position with the Florence County Rescue Squad and that you hereby authorize the release of any and all information to the Florence County Rescue Squad that we may request, from any of your records or files. Such information may include, but will not be limited to: military records, police records, credit reports, banking records, arrest records, court records, traffic reports, confidential records, educational records, employment records, etc.. Further, you authorize the Florence County Rescue Squad to copy or otherwise reproduce this original document, and let such copied or otherwise reproduced copy as the original instrument. The original document is to be retained on file with the Florence County Rescue Squad and this authorization to release information shall not expire.

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge for the Florence County Rescuer Squad.

I understand that I shall not become a member (probationary member for first year) of the Florence County Rescue Squad until my application has been: 1.) accepted by a majority vote of the Florence County Rescue Squad; 2.) and all background checks have been completed and cleared.

Signature

Printed Name

Date

Release and Applicant Information Form

Lakeside Information Service P.O. Box 124 Felch, MI 49831
Phone: 906-282-2827 Fax: 906-246-4200

Requestor Information:

Contact Person: Rick Knepper Company: Florence County Rescue Squad
Contact Phone: 715-528-5999 Contact Fax: _____
E-Mail : rknepner@borderlandnet.net

Applicant/Subject Information:

Name: _____ Home Phone: _____
Please Print All Requested Information (Full, legal name)

Alias or Previous Names: _____

Current Address: _____ City: _____

ST: _____ Zip: _____ Sex: _____

Date of Birth: _____ SSN _____ (complete #)

Drivers License Number: _____ State: _____

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

The Florence County Rescue Squad has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize Lakeside Information Services an agent of Florence County Rescue Squad may be asked to make a thorough check of my credit history, driving history, criminal history, past employment, education, and activities. I release from liability all persons, companies, and corporations supplying that information. and Lakeside Information Services against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Applicant's Signature: X _____ Date: _____