



# Rutherford Co. Rescue

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## Application

You are only allowed to check one that you are applying for:

Reserve Status \_\_\_\_\_

Specialty Rescue Team \_\_\_\_\_

Part-Time Paid Employee \_\_\_\_\_

**This application must be completely fill out and returned with a certified criminal background check. If not the application will not be processed.**

**Note:** If you are applying for reserve status or a specialty team position this application will in no way make you eligible for paid status on the transport division. If an opening is available on the part-time transport division you will have to complete another application, back ground check and complete the RCLAFA, Inc interview process.

**Reserve Status** is defined as serving 16 hours per month without any paid compensation.

**Specialty Rescue Team Member** is defined as a member of a special team that is not a part of the part-time paid transport crew or the reserve program. Specialty Team Members are compensated for their services on a as needed basis.

**Part-Time Paid Status** is defined as working not more than 30 hours per week.

RCLAFA, Inc. also doing business as Rutherford Co. Rescue Crew does not offer any benefits such as medical, dental insurance or any retirement plans.

RCLAFA also known as Rutherford County Rescue Crew considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age disability, political belief, military service, or any other protected class. RCLAFA also known as Rutherford County Rescue Crew is a Drug Free Workplace.

# Rutherford Co. Lifesaving and First Aid, Inc.

## Application for Employment

### Personal Information

**Please Print**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

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

#### Address

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you have friends or relatives working here: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes Who: \_\_\_\_\_

Why do you want to apply RCLFA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Position Information**

Position Applying For:

Part-Time \_\_\_\_\_

Specialty Team \_\_\_\_\_

Reserves \_\_\_\_\_

Have you ever been a member of this organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Certification Information**

**You must be a North Carolina Certified MR or EMT-B to be employed Part-Time or Full Time Employment**

Certification	Certification Number	Expiration Date	Certifying Agency
MR			
EMT-B			
EMT-I			
EMT-P			
RT / TR / Other			

**You will have to provide a copy of your NC State certification to be eligible for paid employment**

**Work Requirements and General Information**

Can you provide proof, if hired, that you are eligible to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid Driver's Licenses? \_\_\_\_\_ Yes \_\_\_\_\_ No Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Have you ever been convicted of driving while impaired. \_\_\_\_ Yes \_\_\_\_ No When if yes: \_\_\_\_\_

List all moving violations (Convictions) and accidents and any suspensions or revocations of your license in the last five years:

List Violations (Convictions) or Accidents	Year
Have you ever been convicted, or pled guilty or no contest to a criminal felony or misdemeanor	Year

**A conviction will not necessarily disqualify you from employment but falsifying this document will!**

**Employment History**

**List your last three employers starting with the most recent**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ May we contact?  Yes  No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Past Employment**

<b>Have you ever been</b>	<b>Yes</b>	<b>No</b>
Disciplined or terminated for reckless driving?		
Placed on probation or terminated for excessive absenteeism?		
Disciplined or fired for insubordination?		
Disciplined or fired for violation of safety rules?		
Disciplined or fired for assault or fighting?		
Disciplined or fired for harassment?		
Disciplined or fired for patient abuse?		
Disciplined or fired for alcohol or drug related activity at work?		

If you answered any yes to any questions above, please explain:

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EMS/Fire Service Affiliations:

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Have you ever been released or asked to leave from any EMS/Fire Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain why? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied membership or employment from any EMS/Fire Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain why? \_\_\_\_\_  
\_\_\_\_\_

**Education**

You must be a high school graduate or have a GED

GED \_\_\_\_\_ Year \_\_\_\_\_ Where \_\_\_\_\_

High School \_\_\_\_\_ Year Graduate \_\_\_\_\_ School \_\_\_\_\_

Technical Diploma \_\_\_\_\_ Diploma \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

You will have to provide a copy of your GED or High School Certificate.

**References**

**List three persons, other than relatives or employees/reserves of this organization.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the RCLAFAs in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and I understand that RCLAFAs are free to terminate the employment relationship or reserve status at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples such as blood prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the RCLAFAs as a condition of my employment, and I hereby give my consent to the release of all information which RCLAFAs deem necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from RCLAFAs.

I hereby authorize RCLAFAs to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check and other such inquiries. I release RCLAFAs and all informants from liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_