



Rutherford Co. Rescue

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

Have you ever been	Yes	No
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:

EMS/Fire Service Affiliations:

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: _____