



The Pattenburg Rescue Squad Inc.
590 County Route 614, NJ 08802
Phone: (908) 730-9298
Officers@pattenburgrescue.org

Application for Membership

Directions

1. Fill out attached forms.

Fill in all information/ questions completely, print legibly in ink or use a computer. All questions must be answered completely and truthfully. An incomplete application or any misrepresentation is cause for rejection. Please use the back of this form if additional space is needed.

2. Submit application with letter(s) of reference.

- Scan and email to officers@pattenburgrescue.org
- Drop in mailbox outside of our buildings or,
- Mail to: Pattenburg Rescue Squad
Attn: PRS Officers
590 County Route 614
Asbury, NJ 08802

After receiving your complete application, the PRS Officers will set up an interview with you. At the interview, duty requirements and other specifics will be discussed in detail. If you have any questions, feel free to contact us by emailing or calling the station at 908-730-9298 and leaving a message. We will return your call as soon as possible.

Thank you for your interest in membership, we look forward to serving with you!

Mark or Circle Position Applying For:

_____ Volunteer Staff

_____ Career (Paid) Staff

Application for Membership

**THE PATTENBURG RESCUE SQUAD, INC. IS AN EQUAL OPPORTUNITY EMPLOYER
AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, COLOR, SEX, OR RELIGION .**

The Pattenburg Rescue Squad Inc.

590 County Route 614, NJ 08802

Phone: (908) 730-9298

Applicant Name (First, Last, MI): _____

Street Address: _____

Mailing Address (if different from street): _____

Town: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Best Time to Contact: _____ AM / PM

Date of Birth: ____/____/____

Personal Email: _____

1. Yes / No Are you either a U.S. Citizen or an alien authorized to work in the U.S.?

2. Yes / No Do you currently hold a New Jersey / National Registry or Out of State EMT Certification. If out of State, what State: _____

3. Yes / No Are you currently or have you ever served in the U.S. Military?
(If so please provide details; Branch, Years of Service, Discharge Status)

4. Yes / No Have you ever been subject to limitation, suspension or termination of your right to practice in a healthcare occupation or voluntarily surrender a healthcare licensure in any state or agency authorizing the legal right to work? (If so please explain)

5. Yes / No Have you ever been convicted of a criminal offense, misdemeanor or felony?
(If so please explain including nature of offense, date and disposition of incident)

6. Yes / No Have you any medical conditions and/or mental/physical disabilities or limitations that would impair or restrict you from performing the duties of an emergency care provider? (If so, please explain.)

7. What is your highest level of education?

- Masters
- Bachelors
- Associates
- High School Graduate or GED
- Some High School
- Other / Please explain
- Plan on Continuing Yes / No

8. Do you currently hold a valid Driver's License? Yes / No If so, in what state?: _____

9. Date of Last Moving Violation (If any): ____/____/____ Current Point Total: _____

10. Yes / No Have you been involved in a motor vehicle accident in the past three years?
(If so please explain)

11. Yes / No Are you committed to maintaining your certifications as well as fulfilling the obligations required of you for duty?

12. Yes / No Are you committed to attending all required meetings and drills?

Employment History

List employment history below beginning with the most recent/current employer first. Include summer or temporary jobs. Attach extra sheets if necessary. By listing employers, the applicant gives the right for PRS to contact each employer if deemed necessary.

1. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

2. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

3. Employer / Company Name: _____

Address: _____ Phone: (____) _____ - _____

Supervisor: _____ Position Held: _____

Duties: _____

Start Date: ____/____/____ End Date: ____/____/____

Is this your current employer? Yes / No (If "No" Reason for leaving):

References

Please provide three (3) non-related references over the age of eighteen (18), that you have known for five (5) or more years, that we may contact.

1. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

2. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

3. Name: _____ Years Known: _____

Relationship: _____ Phone: (____) _____ - _____

Email: _____

Signature Authorization

By signing below and submitting this application for review, I (the applicant), allows Pattenburg Rescue Squad INC. (PRS) to contact the provided references and employers. I understand falsification of any information on this application may be just cause for immediate refusal of acceptance or dismissal from PRS once such information has been made known.

I allow PRS, it's insurance company, representative or any law enforcement agency deemed appropriate, to perform a criminal and/or driving background check on me. I release my employer(s) to share my employment information with the Pattenburg Rescue Squad.

If accepted, I agree to fully abide by the rules and regulations set forth by PRS and the State of New Jersey Department of Health Office of Emergency Medical Services.

Applicant Name (Print) _____

Applicant Signature: _____ Date: _____