

EAST BRUNSWICK RESCUE SQUAD MEMBER APPLICATION

Applying as a (please check one): Cadet (Under 18) Regular Member (18+)

Last Name: _____ First & Middle Name: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Birth: _____ Social Security Number: _____

Your SSN is not required for your application. All EBRS personnel must be eligible to work in the United States.

Driver's License Number: _____ State: _____ Exp. Date: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Address: _____

Phone Numbers: _____

CERTIFICATIONS & PREVIOUS EXPERIENCE

Copies of your certifications will be requested upon receipt of your application.

EMT: Issuing State: _____ ID#: _____ Expiration: _____

CPR: Class/Cert Name: _____ Expiration: _____

First Aid: Class Name: _____ Expiration: _____

Other Relevant Certifications: _____

Describe any prior service in EMS / healthcare: _____

REFERENCES

List the name, relationship, phone number, and email address of three **professional references** (i.e. not just friends, but people who are familiar with your professional, volunteer, or school experience and accomplishments.)

(1) _____

(2) _____

(3) _____

We will contact your references only after your in-person interview. We **strongly** prefer to have email addresses to contact your references. Your references' contact information is used only in relation to your application and no other purpose whatsoever.

OCCUPATION & STUDENT STATUS

What is your occupation? _____

Please list the name and address of your current employer, if applicable.

If you are a student, what institution do you attend? _____

HEALTH & MEDICAL INFORMATION

Select "Yes" or "No" for each line.

Do you have a history of back ailments? _____ Yes _____ No

Do you have any type of heart condition or ailment? _____ Yes _____ No

Do you have any type of breathing problems? _____ Yes _____ No

Do you have a history of any other chronic illness? _____ Yes _____ No

Do you have any problems that prevent you from lifting up to 75lbs.? _____ Yes _____ No

Do you have any condition that could affect your service or that you feel we should be aware of? _____ Yes _____ No

If you answered "Yes" to any of the above, please explain. Please also list any accommodations you require.

REFERRAL

Please tell us how you heard about EBRS, if you know any current or former members, and if you have any family involved in emergency services.

BACKGROUND INFORMATION

Do you use narcotics, recreational drugs, or any other restricted or illegal substances? _____ Yes _____ No

Have you ever been arrested or charged with a crime (other than minor traffic violations)? _____ Yes _____ No

Do you object to a police background / record check? _____ Yes _____ No

If you answered "Yes" to any of the above, please explain: _____

Are you eligible to work in the United States? _____ Yes _____ No

AFFIRMATIONS

I affirm that all of the above information is true and correct to the best of my knowledge, and I understand that false statements or representations on this form or during the application process are cause for immediate dismissal from the East Brunswick Rescue Squad (EBRS).

If accepted, I agree to abide by all EBRS Bylaws, Policies, and Procedures that are in force at any given time. All EBRS property issued to me must be surrendered upon separation or dismissal.

I understand that to be eligible for membership, I must maintain current certifications in compliance with EBRS policies, as well as state and federal requirements for emergency responders.

Regular Membership (18+) Applicants Only: If accepted, I agree to: provide sufficient availability to fulfill a minimum requirement of four 12-hour shifts each month; and attend the membership meeting on the second Tuesday of each month and the training class on the fourth Tuesday of each month, or arrange absences in advance.

Cadet (under-18) Applicants Only: I agree that I will fulfill the minimum requirement of 12 hours of service each month and attend the training class on the fourth Tuesday of each month. I understand that my participation in EBRS is subject to the approval of my parent or legal guardian, and that their contact information is required to be current and on file with the EBRS administrator. I agree that upon the later of my 18th birthday or high school graduation, I will be subject to the requirements of Regular Membership with EBRS.

I affirm that I have read and agree to the statements above, and I agree that typing my full name and today's date below serves as my electronic signature.

Type your Full Name here: _____

Today's Date: _____

The information you provide will be used to evaluate your application to EBRS, and if accepted will become part of your personnel record. We will not distribute or share this information for any other purpose except as required by law. The submission button below will open your email app, and your completed application will be sent via email as a PDF. If you have any concerns about data security, please contact us to apply. Thank you for your interest in EBRS!