

# HANCOCK RESCUE SQUAD, INC.

6 East Main Street  
 Hancock, MD 21750  
 301-678-6774 (voice)  
 301-678-5399 (fax)

## APPLICATION FOR EMPLOYMENT

HANCOCK RESCUE SQUAD IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS THE BEST QUALIFIED APPLICANT FOR THE POSITION BASED UPON JOB RELATED QUALIFICATIONS.

### PERSONAL INFORMATION

Last Name	First Name	MI	Home Phone	Alternate Phone
Street Address		City	State	Zip
Drivers License Number	Drivers License Issuing State		Drivers License Class	
Have you ever been convicted of a crime? If Yes, give all dates, places, charges and dispositions.				

### EDUCATION

School	Name and Location	Training/Major	Did You Graduate?
High School			
College			
Vocational			
Other			

### MILITARY SERVICE

Branch	Date Entered	Date Discharged	Rank at Discharge
Nature of Duties & Specialized Training Involved:			

### AFFILIATIONS & CERTIFICATIONS

Are you a member or employed at any other departments? If so, please list which one(s)

**WORK EXPERIENCE**

Employer	Phone Number	Start Date	End Date	Start Pay	End Pay
Address			Name/Title of Supervisor		Full or Part Time
Job Title and Description of Duties					Reason for Leaving
May We Contact This Employer? If Not, Why?					

Employer	Phone Number	Start Date	End Date	Start Pay	End Pay
Address			Name/Title of Supervisor		Full or Part Time
Job Title and Description of Duties					Reason for Leaving
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**CERTIFICATIONS**

*Please Attach A Copy Of All Certifications*

Course	Date Certified	Expiration Date	Certification Number
Emergency Medical Technician			
Haz-Mat Ops			
EVOC			
CPR			
NIMS 100/200/700			
Rescue Technician (If Applicable)			
Other Certifications:			

**REFERENCES**

Name	Phone Number	Relationship

**AFFIDAVIT**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYED AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILITIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMETN CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_