



LaVale Volunteer Rescue Squad, Inc.

977 National Hwy, LaVale, MD 21502-7330

Phone: 301-729-4458 Fax: 301-729-8191

www.lavalerescue.org

Application



Applicant Information	Application Type				Application Date
	Volunteer:	☐ Operations	☐ Administrative	☐ Associate	
	Paid:	☐ Full Time	☐ Part Time	(current clinicians only)	
	Last Name		First Name		Middle Name
	Social Security Number		Date of Birth		
	Street Address		City	State	Zip Code
	Primary Phone Number		Alternative Phone Number		E-Mail Address
	Driver's License / Identification Card Number		State	Class	Expiration Date

Certification / Licensure / Training	Certification / Training Type	Number	Issue Date	Expiration Date	State
	CPR				
	EMR				
	EMT				
	NREMT				
	AEMT				
	CRT				
	NRP				
	EVOC				
	Hazardous Materials Awareness				
	Hazardous Materials Operations				
	NIMS 100				
	NIMS 200				
	NIMS 700				
	NIMS 800				
	Firefighter I				
	Other (please list):				

Other / Previous Fire / EMS Affiliations	List all previous volunteer Fire/EMS affiliations starting with the most recent. If more space is needed, attach an additional sheet or resume. Affiliations will be contacted. If none, mark none. ☐ None	
	Department Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Affiliated: _____ - _____
	Department Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Affiliated: _____ - _____
	Department Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Affiliated: _____ - _____

Employment History	List all employers for the last seven (7) years starting with the most recent. If more space is needed, attach an additional sheet or resume. Employers will be contacted. Attachment of a resume does not substitute completing the spaces available.	
	Employer Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Employed: _____ - _____
	Supervisor: _____	Supervisor Title: _____
	Employer Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Employed: _____ - _____
	Supervisor: _____	Supervisor Title: _____
	Employer Name: _____	City/State: _____
	Title/Position: _____	Phone Number: _____
	Reason for Leaving: _____	Dates Employed: _____ - _____
Supervisor: _____	Supervisor Title: _____	

Personal References	Provide three (3) personal references who are at least 18 years old and who are not relatives. References will be contacted.	
	Reference Name: _____	Years Known: _____
	Relationship: _____	Phone Number: _____
	Email Address: _____	
	Reference Name: _____	Years Known: _____
	Relationship: _____	Phone Number: _____
	Email Address: _____	
	Reference Name: _____	Years Known: _____
	Relationship: _____	Phone Number: _____
	Email Address: _____	

Criminal History	We are prohibited by law from employing career or volunteer personnel with certain criminal offenses. If you answer yes to any of the questions below, attach additional sheets as needed to explain in detail the circumstances involved. Do you currently have any criminal charges pending against you? ☐ Yes ☐ No Have you ever been convicted of any crime (other than minor traffic violations)? ☐ Yes ☐ No Have you ever been convicted of a felony? ☐ Yes ☐ No Are you currently on probation, parole, or probation before judgement (PBJ)? ☐ Yes ☐ No Are you excluded, debarred, or otherwise ineligible to participate in federal health care programs? ☐ Yes ☐ No		
Education	Provide your education history below. If available, please submit transcripts (high school students may submit their most recent report card). High School: _____ City/State: _____ Major: _____ Graduation Date: _____ Minor: _____ GPA: _____ Technical School: _____ City/State: _____ Major: _____ Graduation Date: _____ Minor: _____ GPA: _____ College/University: _____ City/State: _____ Major: _____ Graduation Date: _____ Minor: _____ GPA: _____ College/University: _____ City/State: _____ Major: _____ Graduation Date: _____ Minor: _____ GPA: _____		
Acknowledgement	<u>STATEMENT OF TRUTH</u> I state that all information presented on this application and any accompanying documents is true and complete to the best of my knowledge. I acknowledge that any false statements, relevant omissions, or willful concealment of information will be sufficient grounds for denial or termination of employment/membership. I agree and pledge that if I am granted employment /membership, that I will abide by all the rules and regulations of the LaVale Volunteer Rescue Squad, Inc. _____ Signature of Applicant _____ Date If applicant is under 18 years of age and not emancipated as of the time of this application, a parent / guardian signature is required. Your signature below indicates that you have discussed this application with your child and that you give your permission for your child to apply for employment with our organization. You further understand that the above statements are applicable to your child, regardless of legal age. _____ Signature of Parent / Guardian _____ Date _____ Relationship		
Application Checklist	☐ Complete entire application. ☐ Contacted references, verified contact information, and explained the importance of responding to our request. ☐ Signed and dated the Statement of Truth (above) and Background Check/Investigation page (following). ☐ Attached a resume (if available). ☐ Attached any additional sheets needed for additional information requested elsewhere in this application. ☐ Attached copies of any certifications/licenses/training listed in the Certification/Licensure/Training section. ☐ Attached any other materials you would like the department to consider (cover letter, etc.). Volunteer Applicants Only: ☐ Submitted a report card (high school students) or class schedule (college students).		



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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LaVale Volunteer Rescue Squad, Inc. ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (available on our website, www.lavalerescue.org/recruitment) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by LaVale Volunteer Rescue Squad ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

Current Address

City, State and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.

FCRA:EMPLOYMENT:017909:201501