



W.F. BRUEN

PHONE: (518) 477-8243

FAX: (518) 479-4172

RESCUE SQUAD

1116 Red Mill Road

Rensselaer, NY 12144

W. F. Bruen Rescue Squad Membership Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at the present address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MM/DD/YYYY Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ DL Expiration Date: \_\_\_\_\_ MM/DD/YYYY

Current Employer: \_\_\_\_\_

Current Employer Address: \_\_\_\_\_

List any organizations you have belonged to in the past 5 years and any offices you may have held

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How would you rate your current physical condition? [ ] Excellent [ ] Good [ ] Fair [ ] Poor

List Any Physical Limitations: \_\_\_\_\_

Current Certifications (Provide copies of current cards with application)

NYS EMT Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ [ ] EMT [ ] AEMT-I [ ] AEMT-CC [ ] AEMT-P
[ ] BLS HCP Exp Date MM/YY [ ] ACLS Exp Date MM/YY [ ] PALS Exp Date MM/YY
[ ] PHTLS Exp Date MM/YY [ ] AMLS Exp Date MM/YY [ ] CCEMTP Exp Date MM/YY

References (Non Relatives/Employers)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In 150 words or less, please describe why you would like to work at WFB Rescue Squad: (use additional paper if necessary)


Authorization,

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, the falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein and the references, organizations and employers listed above, to give you any and all information concerning my previous employment and memberships and any pertinent information they may have, personal and otherwise, and release the organization from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information, a manor prohibited by the Americans with Disabilities Act (ADA), and other relevant federal and state laws.

**By signing this document I, \_\_\_\_\_ Print Name Clearly \_\_\_\_\_ also give the W.F. Bruen Rescue Squad my permission to run a background – to include driver’s license audit on me.**

I, \_\_\_\_\_ Print Name Clearly \_\_\_\_\_ Hereby apply for membership in the W. F. Bruen Rescue Squad. If elected into Membership, I agree to obey all policies and procedures approved by W.F. Bruen and the bylaws of this organization.

Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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**FOR OFFICE USE ONLY**

Date received by WFB Supervisors: \_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
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Date and time available for an interview: 

D	D	M	M	Y	Y	Y	Y
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 \_\_\_\_\_

Staff present at Interview:	Comments:

Date Probation Begins: \_\_\_\_\_ Date Probation Ends \_\_\_\_\_

Date Resigned or Removed: \_\_\_\_\_ Good Standing: Yes  No  **If no, state reason/circumstances:**

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