



# **VOLUNTEER APPLICATION**

The Sagamon County OEM Rescue Squad considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

How did you learn about us?

Date of application:

Last Name		First Name		Middle Name	
Street Address		City/State		Zip Code	
DOB mm/dd/yyyy Age: Place of Birth (City, County ar		nd State)	Height:	Weight:	
Sex: Male Female	Marital Status:		Social Security N	umber:	
Telephone Number (Home) Telephone		phone Number (Cell) To		Telephone Number (Work)	
Drivers License Number:		Email Address:			

Have you ever filled out an application with us bef	Fore? Yes	No		
If yes, give date				
Do you live in Sangamon County?	Yes	No		
Are you currently employed ?	Yes	No		
Have you ever been convicted of a felony?	Yes	No		
Have you ever been convicted of a misdemeanor?	Yes	No		
Have you ever been a member of another organization	tion? Yes	No		
If yes, list organizations:				





Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No <b>Proof of citizenship or immigration status will be required</b> <b>upon acceptance</b>
Do you have a high school diploma or equivalent? Yes No
Please list and additional diploma/degrees are certifications you have:
Please list any Emergency Medical Services (EMS) training, qualifications or certifications you have completed or possess, and the month and year of completion (EMR, EMT-I, A-EMT, etc):
Are you qualified to teach/instruct any EMS course? Yes No If yes, please list which courses:
Describe any job-related training and/or skills acquired in the United States Military
Summarize any job-related skills and/or qualifications from other organizations





### **References**

List three (3) personal and three (3) professional references who know you well enough to give current or former information about you, no of which are relatives. If a post office box number or rural route number is used, include street address and accurate directions to residence/business. Use attached sheets as necessary.

#### Personal References:

1. Name (last, first, middle)	Mailing Address:	Phone:	Years Known:
2. Name (last, first, middle)	Mailing Address:	Phone:	Years Known:
	6		
3. Name (last, first, middle)	Mailing Address:	Phone:	Years Known:

### **Professional References:**

1. Name (last, first, middle)	Mailing Address:	Phone:	Years Worked/Known:
2. Name (last, first, middle)	Mailing Address:	Phone:	Years Worked/Known:
3. Name (last, first, middle)	Mailing Address:	Phone:	Years Worked/Known:

#### **Applicants Statement:**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application that may be necessary in arriving at an acceptance decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the Member may resign at any time and the Organization may discharge Member at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of acceptance, I understand that any change, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sangamon County and the Sangamon County OEM Rescue Squad.

I give authorization for an investigation of a criminal background check being completed for this position.

Signature of Applicant

Date Signed





Employment History

						ogical order. Include in and military service.	
A.	Dates: From:	To:	Name of Employer:		Job Title/Position:		
Add	ress of Employer:		1	Description of Duties:			
Tota	l Time Employed:	Full Name/Address of Im	mediate Supervisor	r:		Home Phone: Work Phone:	
Reas	on for Leaving:						
<b>B</b> .	Dates: From:	To:	Name of Employ	yer:	Job Title/Position:		
Addı	ress of Employer:			Description of Duties:			
	Total Time Employed: Full Name/Address of Immediate Supervisor:			r:	Home Phone: Work Phone:		
Reas	on for Leaving:						
C.	Dates: From:	To:	Name of Employer: Job Title/Position:		tle/Position:		
Addı	ress of Employer:			Description of Duties:			
Total Time Employed: Full Name/Address of Immediate Supe		mediate Superviso	r:		Home Phone: Work Phone:		
Reas	on for Leaving:						
D.	Dates: From:	To:	Name of Employer: Job Title/Per		tle/Position:		
Addı	ress of Employer:		•	Description of Duties:			
Tota	Total Time Employed: Full Name/Address of Immediate Supervisor:			r:		Home Phone: Work Phone:	
Reas	on for Leaving:						
Е.	Dates: From:	To:	Name of Employer:		Job Ti	tle/Position:	
Add	ress of Employer:			Description of Duties:			
Tota	Total Time Employed: Full Name/Address of Immediate Supervisor:			r:		Home Phone: Work Phone:	
Reas	on for Leaving:					·	





*Please put any information that would not fit above and any other information you feel pertinent to* your application here: