

14. LIST ANY SPECIAL TRAINING OR CERTIFICATION (OTHER THAN FIRST AID) YOU POSSESS.

15. HAVE YOU EVER BEEN A MEMBER OF A FIRST AID SQUAD OR OTHER VOLUNTEER ORGANIZATION? _____ IF YES, LIST ORGANIZATION NAME(S) AND DATES OF SERVICE (IF MORE THAN TWO, LIST MOST RECENT):

NAME: _____

FROM: ___/___/___ TO: ___/___/___ REASON FOR LEAVING? _____

NAME: _____

FROM: ___/___/___ TO: ___/___/___ REASON FOR LEAVING? _____

16. HAVE YOU EVER BEEN REJECTED OR DISMISSED FROM MEMBERSHIP IN A FIRST AID SQUAD OR OTHER VOLUNTEER ORGANIZATION? _____ IF YES, GIVE REASON FOR REJECTION OR TERMINATION: _____

17. HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, EXPLAIN AND GIVE DATE(S):

18. WHEN WAS YOUR LAST PHYSICAL EXAM? ___/___/___ HAVE YOU EVER BEEN HOSPITALIZED DUE TO AN INJURY? _____ IF YES, EXPLAIN: _____

19. ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? _____ IF YES, LIST MEDICATIONS AND REASON: _____

20. DO YOU HAVE ANY PHYSICAL DISABILITIES THAT WOULD RESTRICT OR IMPAIR YOUR ABILITY TO FUNCTION AS AN EMERGENCY SERVICES PROVIDER? _____ IF YES, EXPLAIN: _____

21. DO YOU HAVE ANY MENTAL DISABILITIES THAT WOULD RESTRICT OR IMPAIR YOUR ABILITY TO FUNCTION AS AN EMERGENCY SERVICES PROVIDER? _____ IF YES, EXPLAIN: _____

22. HAVE YOU EVER APPLIED FOR WORKMAN'S COMPENSATION? _____ IF SO, EXPLAIN: _____

23. EMPLOYMENT

LIST NAMES AND ADDRESSES OF EMPLOYERS FOR THE PAST TWO (2) YEARS STARTING WITH THE MOST CURRENT. USE THE BACK OF THE PAGE IF MORE SPACE IS REQUIRED.

- A. BUSINESS NAME: _____ CONTACT: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ DATES OF EMPLOYMENT: _____
DUTIES: _____
REASON FOR LEAVING: _____
- B. BUSINESS NAME: _____ CONTACT: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ DATES OF EMPLOYMENT: _____
DUTIES: _____
REASON FOR LEAVING: _____
- C. BUSINESS NAME: _____ CONTACT: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ DATES OF EMPLOYMENT: _____
DUTIES: _____
REASON FOR LEAVING: _____

24. PERSONAL REFERENCES

LIST THREE (3) PERSONS, THAT ARE NOT RELATIVES AND HAVE KNOWN YOU FOR TWO (2) YEARS OR LONGER, WHO CAN BE CONTACTED AS REFERENCES. THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS MUST BE CURRENT AND CORRECT – INCORRECT INFORMATION MAY RESULT IN YOUR APPLICATION BEING REJECTED.

- A. NAME: _____ LENGTH OF TIME KNOWN: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ RELATIONSHIP TO APPLICANT: _____
- B. NAME: _____ LENGTH OF TIME KNOWN: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ RELATIONSHIP TO APPLICANT: _____
- C. NAME: _____ LENGTH OF TIME KNOWN: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____ RELATIONSHIP TO APPLICANT: _____

DECLARATION

I DO HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED IN THIS APPLICATION IS ACCURATE TO THE BEST OF AMY KNOWLEDGE AND THAT I UNDERSTAND ANY MISINFORMATION CONTAINED HEREIN WILL BE CAUSE FOR MY APPLICATION TO BE REJECTED.

SIGNATURE: _____ DATE: ____/____/____

**DO NOT WRITE BELOW THIS LINE
MEMBERSHIP COMMITTEE USE ONLY**

INSTRUCTIONS:

INITIAL ALL ENTRIES ON THIS FORM AS THEY ARE COMPLETED.

DATE APPLICATION RECEIVED: ___/___/___

DATE APPLICATION INITIAL REVIEW: ___/___/___

DATE PERSONAL REFERENCES SENT: ___/___/___

DATE EMPLOYMENT REFERENCES SENT: ___/___/___

DATE PERSONAL REFERENCES RECEIVED AND COMPLETE:

___/___/___, ___/___/___, ___/___/___

DATE EMPLOYMENT REFERENCES RECEIVED AND COMPLETE:

___/___/___, ___/___/___, ___/___/___

DATE COMPLETE APPLICATION REVIEWED: ___/___/___ BY: _____

DATE INTERVIEWED: ___/___/___ BY: _____

COMMENTS/OBSERVATIONS: _____

MEMBERSHIP STATUS:

ACCEPTED: _____

DENIED: _____ REASON DENIED: _____

APPLICANT NOTIFIED: ___/___/___ VIA: _____

MEMBERSHIP CHAIRPERSON REVIEW: ___/___/___ SIGNATURE: _____

**NEW JERSEY INITIAL RESPONSE TEAM
SEARCH and RESCUE
P.O. BOX 2153
BRANCHVILLE, NJ 07826**

EMPLOYMENT REFERENCE QUESTIONNAIRE

DATE: ____/____/____

DEAR SIR OR MADAM:

THE PERSON LISTED BELOW HAS APPLIED FOR MEMBERSHIP WITH OUR ORGANIZATION AND HAS LISTED YOU AS AN EMPLOYMENT REFERENCE.

WE RESPECTFULLY REQUEST THAT YOU FILL OUT THE FOLLOWING QUESTIONNAIRE TO THE BEST OF YOUR ABILITY TO PROVIDE US WITH INSIGHT CONCERNING THE APPLICANT'S ABILITIES AND QUALIFICATIONS TO BECOME A PROFESSIONAL EMERGENCY SERVICES PROVIDER.

YOUR TIMELY RESPONSE TO THIS REQUEST PROVIDES CRUCIAL INFORMATION OUR MEMBERSHIP COMMITTEE REQUIRES TO MAKE A DETERMINATION CONCERNING THE MEMBERSHIP APPLICATION.

SINCERELY,

NJ-IRT MEMBERSHIP REPRESENTATIVE

APPLICANT NAME: _____

ADDRESS: _____

DECLARATION

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED ON THIS QUESTIONNAIRE.

SIGNED: _____ DATE: ____/____/____
APPLICANT SIGNATURE

**NEW JERSEY INITIAL RESPONSE TEAM
SEARCH and RESCUE
P.O. BOX 2153
BRANCHVILLE, NJ 07826**

PERSONAL REFERENCE QUESTIONNAIRE

DATE: ____/____/____

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