



HIGHTSTOWN FIRST AID SQUAD INC.



168 Bank Street  
Hightstown, New Jersey, 08520  
(609) 426-1512  
"Serving and Protecting since 1935"

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address (Include city, state, and zip code):  
\_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Is/ has your Driver's License ever been suspended? Circle YES or NO. If yes, explain:  
\_\_\_\_\_

Do you have any special endorsements on your Driver's License? \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Length of time employed with company: \_\_\_\_\_

Normal work schedule: \_\_\_\_\_

Brief Job description: \_\_\_\_\_

List three references (*Non Family Members*); known for at least one year:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Are you an American Citizen? Circle YES or NO.

Do you consent to allowing Hightstown First Aid Squad to perform a background and/or driver's license check? Circle YES or NO.



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Do you have an EMT certification? Circle YES or NO. If YES, state ID number: \_\_\_\_\_

Are you currently a member or have you been a member of another first aid squad? Circle YES or NO.  
If YES, state where, when and reason for leaving:

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Have you ever been convicted of a crime? (Felony and misdemeanor convictions). Circle YES or NO.  
If yes, explain circumstances:

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Is there any information that is not included on this application that you feel we should know about  
you before we investigate your application?

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In a short paragraph, explain why you wish to become a member of the Hightstown First Aid Squad  
and what you can do for the company and our community. If more space is needed please  
attach an additional sheet:

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Please attach a current resume to the application. (Optional)



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I certify that all of the information given on this adult membership application is true to the best of my knowledge and is given voluntarily, any deliberate falsification can and will result in rejection of the application. As a member of the Hightstown First Aid Squad, I understand that I will be expected to participate in all functions and events. I understand that I must arrive at drills, assigned duty crews, or meetings at least 10 minutes BEFORE start time.

Print Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

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(Do not write below this line.)

Date received application: \_\_\_\_\_

Date received physical form: \_\_\_\_\_

Date interviewed: \_\_\_\_\_

Date accepted (as probationary): \_\_\_\_\_

Date of regular member status: \_\_\_\_\_

Date terminated or resignation: \_\_\_\_\_

Reason for termination or resignation:

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