



# HIGHTSTOWN FIRST AID SQUAD INC.



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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's License# \_\_\_\_\_

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

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

Bus \_\_\_\_\_ Articulated \_\_\_\_\_ Heavy Equipment \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been convicted of a crime? YES or NO. If yes, state circumstances:  
\_\_\_\_\_

Phone number where you can be reached:

Day \_\_\_\_\_ Night \_\_\_\_\_

Weekends \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

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

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

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

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

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



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

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

### Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

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

Are you an American Citizen? YES or NO

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

Have you served in the US Military?

\_\_\_\_\_

If yes, what branch of service?

\_\_\_\_\_

Specialized training?

Are you currently or have you been a member of another First Aid Squad: YES or NO

If YES, where? \_\_\_\_\_

When? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any hobbies or interests you have, boating, fishing, swimming, sports, ect....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_





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As a member of the Hightstown First Aid Squad you will be expected to participate in all functions, and/ or events including fund raisers. I certify that all of the information given on this 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 and or dismissal.

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

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

*(Do not write below this line)*

Date received application and physical form: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Date accepted as probationary member – regular member accepted: \_\_\_\_\_

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

Reason for termination or resignation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_