



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

Name: _____ Phone # _____

Name: _____ Phone # _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Address: _____



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

Have you ever been convicted of a crime? (Felony and misdemeanor convictions). Circle YES or NO.

If yes, explain circumstances:

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

In a short paragraph, explain why you wish to become an auxiliary member of the Hightstown First Aid Squad and what you can do for the company and our community:

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



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I certify that all of the information given on this auxiliary 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.

Print Name: _____

Signature: _____

Date Signed: _____

(Do not write below this line.)

Date Received: _____

Date Interviewed: _____

Date Accepted: _____

Date of termination or resignation: _____

Reason for termination or resignation:
