



EMPLOYMENT/AFFILIATION APPLICATION

The information you provide on this application is used strictly for evaluation in determining your eligibility for affiliation with the Town of Bennington Rescue Squad. We are committed to a policy of non-discrimination and will not discriminate on any legally recognized basis including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, sexual orientation, veteran status or any other basis recognized by federal, state or local law.

EMPLOYMENT

VOLUNTEER

Applicant Information

First Name		Middle		Last	
Address					Apt#
City		State		Zip	
Mobile Phone #		Home Phone		Other Phone	
Email					
Eligibility	Are you legally eligible to work in the U.S.?			YES	NO

POSITION INFORMATION

Position Desired				Date Available	
Salary Desired		Full Time	Part Time	Per Diem (PRN)	Volunteer

AVAILABILITY (Indicate all that apply)

	SUN	MON	TUE	WED	THUR	FRI	SAT	Comments
Days								
Nights								

Additional Availability Questions

Are you able to work weekends?		YES		NO	Comments
Are you able to work Holidays?		YES		NO	
Are you able to work special events?		YES		NO	

Education

High School Diploma		YES		NO	GED	Name of School	
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Post-Secondary School Name

Location

Dates Attended

Degree & Major

Post-Secondary School Name	Location	Dates Attended	Degree & Major

EMS Education (If applicable)

EMT Program Name		Course Coordinator	
Location		Date Completed	
AEMT/Medic Program		Course Coordinator	
Location		Date Completed	

Note: This application may be submitted electronically, however it must include either a scanned copy of the signature page, or a verified electronic signature (like Adobe encryption). This application may also be scanned and emailed to: application@benningtonrescue.org , faxed to (802) 447-1993, or may sent to 120 McKinley St, Bennington, VT 05201.



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EMPLOYMENT HISTORY (Attach additional sheets if necessary)

Employer	Telephone Number	Date Hired
Address	Supervisor	
Position Title	Date Separated	Hours per Week
Duties and Responsibilities		
Reason for Leaving	May we contact?	
Employer	Telephone Number	Date Hired
Address	Supervisor	
Position Title	Date Separated	Hours per Week
Duties and Responsibilities		
Reason for Leaving	May we contact?	
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License and Certification Information

Name of Certification	Level	Number (If applicable)	Issued Date	Expiration Date
National Registry of EMTs (NREMT)				
Vermont Office of EMS				
Cardiopulmonary Resuscitation (CPR)		none		
ACLS (Medics Only)	none			

Military Service Information (Please include detailed job information (if applicable) in the employment history section.)

Branch of Military	Dates of Service	Rank at Discharge

REFERENCES

Name	Relationship	Years Known
Phone Number	Email Address	
Name	Relationship	Years Known
Phone Number	Email Address	
Name	Relationship	Years Known
Phone Number	Email Address	

Acknowledgement

I certify that the statements made by me on this Application are true and complete to the best of my knowledge, and are made in good faith. I authorize the Bennington Rescue Squad to verify any information provided by me in this application or otherwise. I understand that any falsification, misrepresentation, or omission of information on this application or related documentation may result in denial of affiliation and/or employment with Bennington Rescue Squad.

Print Name	Signature	Date

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