

HENDERSON COUNTY RESCUE SQUAD APPLICATION

	Please print o						Date of Application
Application must be com	pleted in full.	Applicant	may	attack	n a resume, if de	sired.	
Last Four Digits of Social Security Number	Last Name		First	Name		Middle	Name
Address (Street number and nar	me)		City			County	/
State	Zip	Phone (Home	e or who	ere you	can be reached)	Busines	ss Phone
E-Mail Address:							
Availability If hired, can you provide written	evidence that you are	e authorized to	work in	the U.S	S.? 🗆 Yes 🗆 N	lo	
Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? Yes No Do not enter a response if the regulations do not apply.							
CHECK the types of work you will accept: Full-time Part-time As Needed (PRN) Volunteer							
Earliest date you can begin work	k (mo./day/yr.)						
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. This section must be completed to evaluate your application. □A-EMT □ Rescue Technician □ EMT □ Volunteer □ Other							
Military Service Give date of entry into military service: Separation date: Rank: Grade:							
Referral Source							
How were you referred to the Rescue Squad? ☐ Website ☐ ESC/Job Service ☐ School ☐ Other							
Education							
Circle highest grade completed: □1 □2 □3 □4 □6 □7 □8 □9 □10 □11 □ 12 GED□ College □1 □2 □3 □4 Graduate □1 □2 □3 □4							
Schools Nan	ne and Location		Gra		Maj/Min Cours		Type Deg.
High School			Yes No				
College University			Yes				
			No				
Graduate or Professional			Yes No				
Other educational vocational school, internships, etc.			Yes No				
Special training programs and seminars you have completed in the last five years (List):							

Return application to: jobs@hendersoncountyrescue.org or by mail to: Henderson Co. Rescue Squad, 2529 Asheville Hwy, Hendersonville, NC 28791

Telephone: 828,692,3487 | Fay: 828,692,1642

Telephone: 828-692-3487 | Fax: 828-692-1642 Website: www.hendersoncountyrescue.org

List licens	ses, certific	ations, spec	cial courses, professiona	al status, and member	ship in professional, honora	ary or technical societies:		
Skills CHECK t	he followin	a skills, expe	erience, etc. which you	have:				
CHECK the following skills, experience, etc. which you h Driver's license Number State				☐ Foreign langu	age (specify)	☐ Transcription		
☐ Chauf	feur's license	Number	State	☐ Typing (specif☐ Shorthand/spe	y WPM) eed writing (specify WPM)	☐ Sign language/Braille skills☐ Computer Skills (specify)		
☐ Car fo	r use at work	(☐ Other				
Other ski	lls:							
be hired.	The offens	se and how	of an offense against the recently you were convi uence of alcohol/drugs is	cted will be evaluated	in relation to the job for wh	ction does not mean you cannot ich you are applying. Driving		
☐ Yes	s □ No (If yes, expla	ain fully on an additional	sheet)				
			teer experience. Us		ets if necessary)			
Current of	or Last Emp	loyer:		Address:				
Job Title:				Supervisor Name:		Telephone Number:		
Date Em	Date Employed (mo./yr) Starting Salary		Ending Salary	Reason for leaving	May we contact Employer? ☐ Yes ☐No			
Date Separated mo./yr.) Duties:			Duties:		1	•		
Full time	Years	Months						
Part Time	Years	Months						
If part time worked pe	I e, number of l er week:	hours	_					
Employer:				Address:				
Job Title:				Supervisor Name:		Telephone Number:		
Date Em	Date Employed (mo./yr) Starting Salary		Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? ☐ Yes ☐No		
Date Sep	arated mo.	/yr.)	Duties:	1	1			
Full time	Years	Months	1					
Part Time	Years	Months						
If part time worked pe	e, number of l r week:	hours	-					
Employer:			1	Address:				
Job Title:				Supervisor Name:	Telephone Number:			
Date Employed (mo./yr) Starting Salary			Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? ☐ Yes ☐ No		
Date Separated mo./yr.) Duties:			Duties:					
Full time	Years	Months	1					
Part Time	Years	Months						
If part time worked pe	e, number of ler week:	hours	1					

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Job Title:				Supervisor Name:		Telephone Number:	
Date Employed (mo./yr)			Starting Salary	Ending Salary	Reason for leaving	May we contact Employer? ☐ Yes ☐ No	
Date Separated mo./yr.)		Duties:					
Full time	Years	Months					
Part Time	Years	Months					
If part time, number of hours worked per week:							
connection available of documents and (or) cr	n with my wor concerning my ation, or a fail iminal action.	k, I authorize y qualifications ure to disclose	educational institutions, a s. I authorize investigatio e relevant information ma erstand that dismissal upo	ssociations, registration a n of all statements made i y be grounds for rejection	t of my knowledge. In the event of nd licensing boards, and others to n this application and understand of my application, disciplinary act nandatory if fraudulent disclosures	o furnish whatever detail is I that false information or tion or dismissal if I am employed,	
Signature of Applicant (typed name will constitute a signature, unsigned applications will not be processed) Date					Date		

Application Process for Volunteers & Paid Positions:

- 1. Complete this application.
- 2. Submit your application by email to jobs@hendersoncountyrescue.org or by mail to the below address.
- 3. Applications will be reviewed by the department and if you are selected to move on in the process you will be contacted.
- 4. If contacted, Volunteer and Paid Positions will go through the following processes:
 - Panel Interview
 - Criminal Background Check
 - Driving History Review
 - Employment Verification
- 5. Paid Positions will also have to complete a Physical Agility Test prior to an offer of employment.

Website: www.hendersoncountyrescue.org

Application Revised: 12-13-2019