



W.F. BRUEN RESCUE SQUAD

Serving East Greenbush Since 1937

Phone: 518-477-8243
 Fax: 518-479-4172
 1116 Red Mill Rd.
 Rensselaer, NY 12144
 www.BruenRescue.org

Employee Application

Name: _____ Email: _____

Address: _____

How long have you lived at the present address: _____

Home Phone #: _____ Mobile Phone #: _____

Date of Birth: _____ MM/DD/YYYY Social Security #: _____

Driver's License #: _____ State of Issue: _____ DL Expiration Date: _____ MM/DD/YYYY

Current Employer: _____

Current Employer Address: _____

List any organizations you have belonged to in the past 5 years and any offices you may have held

1. _____
2. _____
3. _____

How would you rate your current physical condition? Excellent Good Fair Poor

List Any Physical Limitations: _____

Current Certifications (Provide copies of current cards with application)

NYS EMT Number: _____ Exp Date: _____ EMT AEMT-I AEMT-CC AEMT-P

BLS HCP Exp Date MM/YY ACLS Exp Date MM/YY PALS Exp Date MM/YY

PHTLS Exp Date MM/YY AMLS Exp Date MM/YY CCEMTP Exp Date MM/YY

References (Non Relatives/Employers)

1. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

In 150 words or less, please describe why you would like to work at WFB Rescue Squad: (use additional paper if necessary)

Authorization,

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if accepted, the falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein and the references, organizations and employers listed above, to give you any and all information concerning my previous employment and memberships and any pertinent information they may have, personal and otherwise, and release the organization from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information, a manner prohibited by the Americans with Disabilities Act (ADA), and other relevant federal and state laws.

By signing this document I, _____ Print Name Clearly _____ also give the W.F. Bruen Rescue Squad my permission to run a background – to include driver’s license audit on me.

I, _____ Print Name Clearly _____ Hereby apply for membership in the W. F. Bruen Rescue Squad. If elected into Membership, I agree to obey all policies and procedures approved by W.F. Bruen and the bylaws of this organization.

Signature: _____ **Date:**

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY									
Date received by WFB Supervisors:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Date and time available for an interview:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Staff present at Interview:	Comments:								
Date Resigned or Removed: _____	Date Probation Begins: _____ Date Probation Ends _____								
Good Standing: Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, state reason/circumstances:								