



Bogota Rescue Squad
PO Box 153
Bogota, NJ 07603
Phone: 201-342-1727
Fax: 201-342-7019

APPLICATION FOR SERVICE

We welcome you as an applicant to be a volunteer rescue technician. Your application will be kept on file and considered with others for the position of volunteer rescue technician for a period of one year following the date of this application.

Please furnish us with complete information. An incomplete application may reduce your opportunity with the Bogota Rescue Squad. You are encouraged to attach any additional information which you believe qualifies you for the position. Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

Please Print in Ink

APPLICANT INFORMATION			
Full Name:			
Current Address:			
City:	State:	ZIP Code:	
D.O.B.:	S.S.N.:	Home Phone:	
Cell Phone:	E-Mail:	D.L. Number	
APPLICANT HISTORY			
Prior Address:			
City:	State:	ZIP Code:	
Prior Address:			
City:	State:	ZIP Code:	
EMPLOYMENT INFORMATION			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Working Hours: From a.m. or p.m. To a.m. or p.m.		
EMPLOYMENT HISTORY			
Employer Name:			
Address:			Phone:
City:	State:	ZIP Code:	
Length and Time of Employment:			
Employer Name:			
Address:			Phone:
City:	State:	ZIP Code:	
Length and Time of Employment:			

REFERENCES		
Full Name:		Phone Number:
Address:		
City:	State:	ZIP Code:
Relationship:		
Full Name:		Phone Number:
Address:		
City:	State:	ZIP Code:
Relationship:		

List any relevant correspondence courses, special courses, or special training you have taken _____

List any other experience such as firefighting, police, first aid, special aptitudes _____

How did you hear about the Bogota Rescue Squad? _____

Background Information

I understand that in the application process I may be subject to an investigation of my driving record, character and background. A physical examination may also be required. Any negative reports may result in the disqualification of this application.

I understand that all equipment, keys, clothing, etc. issued, loaned or placed temporarily in my custodial care by the Bogota Rescue Squad will be returned immediately to the Chief Officer upon the termination of my active duty with the squad.

Do You Consent to a Background Check?	Yes or No
---------------------------------------	-----------

READ and SIGN

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of volunteer status without notice or benefits. Moreover, I hereby release the Borough of Bogota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

 Applicant's Signature

 Date