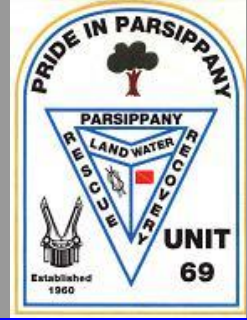




The Parsippany Rescue and Recovery Unit

Application for Membership

Post Office Box 45
Lake Hiawatha, New Jersey 07034



Tel: (973) 263-0660

Email: info@parsippanyrescue.org

Web: www.parsippanyrescue.org

Thank you for your interest in the Parsippany Rescue and Recovery Unit (PRRU). PRRU is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, gender, marital status, political affiliations, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation or any other basis prohibited by federal, state or local law.

General Instructions

1. Provide all requested information accurately and completely, including responses to supplemental questions and supplemental application form, if any. Type or print legibly in black ink. **Remember to sign and date application.**
2. Return application via mail to the Parsippany Rescue and Recovery Unit, PO Box 45, Lake Hiawatha, N.J. 07034

Contact Information

Referred By:	Social Security Number: - -		
Last Name:	First Name:	Middle Initial:	
Address:		Years at this address _____	
City:		Zip Code:	
Home Phone: () -	Work Phone: () -		
Cell Phone: () -	Email Address:		

Education and Training

Do you presently belong to any other fire, rescue, or first aid squad? Yes No

If yes, name and location of squad _____

Have you ever belonged to any other squad? Yes No

If yes, name and location of squad _____

Reason for leaving _____

First Aid and Training

Up to date first aid cards held

Describe any other prior training

Are you willing to attend necessary first aid training courses? Yes No

Do you have any scuba experience? Yes No

If so, to what extent? _____

Are you interested in becoming a certified scuba diver? Yes No

Do you have any physical disabilities? Yes No

If so, please explain _____

List driver's license or certificates required for this position

Title of License or Certificate	License or Certificate Number	Issuing Agency	Date of Expiration

Is your driver's license valid? Yes No

Have your driving privileges ever been revoked in this or any other state? Yes No

If you answered Yes, for how long and for what reason _____

Employment History

Job Title:	Employer:
Supervisor:	Employer Address:
Telephone: () -	City/State:
Work hours:	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>

Why do you want to join the Parsippany Rescue and Recovery Unit?

Release of Information

I understand that if my application is accepted, I will be placed on a six month probation. During this time my performance and interest in the squad will be evaluated. At the end of the probationary period, I may either be accepted or rejected for permanent membership. I further understand that I am required to obtain all necessary first aid certification cards within one year of my acceptance as a probationary member. Additionally, I understand that in order to remain a member in good standing, I will be required to attend certain percentage of all squad meeting drills and other functions.

I understand that any equipment issued to me will remain the property of the Parsippany Rescue and Recovery Unit and must be returned upon request or upon termination of membership. Failure to return may result in legal action.

To the best of my knowledge and belief, all statements made in this application are true. I do not object to an investigation of it's contents.

Signature: _____ Date: _____

FOR MEMBERSHIP COMMITTEES / SECRETARYS USE

Date of Investigation: _____ By: _____

Comments: _____

Probationary Period Begins: _____ Ends: _____

Admitted as Regular Member: Yes No (reason) _____

Given Copy of : By Laws Roster Ten Codes Assigned Member # _____