



WILLIAMSON COUNTY RESCUE SQUAD, INC.

POST OFFICE BOX 408
FRANKLIN, TENNESSEE 37064



APPLICATION FOR MEMBERSHIP



PLEASE RETURN TO:
WILLIAMSON COUNTY RESCUE SQUAD
508 WEST MAIN STREET
FRANKLIN, TN 37064
615-790-5821

Date Issued: _____	By: _____
Date Received: _____	By: _____
Date Background Check: _____	By: _____
Date Interviewed: _____	By: _____
Date of Agility Test: _____	By: _____
Date of Reading to Membership: _____	By: _____



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APPLICATION PROCESS

Step 1: Return application to the main street station at 508 West Main Street, Franklin, TN. 37064, Attn: Training Officer

Step 2: Background check will be conducted by the Williamson County Rescue Squad.

Step 3: An oral interview shall be conducted by a interview panel of Rescue Squad members.

Step 4: An agility test shall be conducted by the Training Officers of the Rescue Squad.

Step 5: A physical exam may be required. (Any expense will be incurred by the Rescue Squad)

Step 6: A reading of this application will take place before the membership of the Rescue Squad. Perspective members are required to be voted into membership for the Rescue Squad. Perspective members must attend the membership meeting when being considered for membership. (Meetings take place the first Tuesday of the Month, 7:00pm)

Step 7: If all requirements are met and the membership votes to accept the applicant for membership, the applicant shall join the Rescue Squad as a probationary member for a period of (6) months for orientation and training. (The probationary period may be extended to a period of (1) year)



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Name: _____

Address: _____

Telephone: (Home) _____

(Cell) _____

Email Address: _____ @ _____

Social Security No. _____

Date of Birth: _____

Have you ever applied for membership for the Rescue Squad before? _____

If yes, give date: _____

Have you ever been convicted of a felony in the past (7) seven years? _____

If yes, explain: _____

Do you have a Drivers License? _____

If yes, list state of record and number: _____

EMPLOYMENT HISTORY

List your last (4) four employers, or volunteers activities, starting with the most recent, including military experience.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Summary of Duties: _____

Dates Employed: From: _____ **To:** _____

May we contact for reference? _____



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EMPLOYMENT HISTORY – CONT.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Summary of Duties: _____

Dates Employed: From: _____ **To:** _____

May we contact for reference? _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Summary of Duties: _____

Dates Employed: From: _____ **To:** _____

May we contact for reference? _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Summary of Duties: _____

Dates Employed: From: _____ **To:** _____

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EDUCATION / TRAINING

High School attended: _____

Address: _____

Did you graduate? _____

College or University: _____

Address: _____

Years Completed: _____

Degree Earned: _____

OTHER SKILLS OR QUALIFICATION

LICENSES OR CERTIFICATIONS

(Include Copies with Application)



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REFRERNCES

List the names of (3) three references not related to you.

Name: _____

Telephone: _____

Years Known: _____

Name: _____

Telephone: _____

Years Known: _____

Name: _____

Telephone: _____

Years Known: _____

CONCLUSION

By submitting this application signed and date, you are agreeing to read and fully understand the By-Laws and Suggested Operating Procedures, SOP's of the Williamson County Rescue Squad Inc. and in doing so you agreed to follow and obey these rules and regulations.

I certify that to the best of my knowledge and belief, all of the information and statements provided by me in and with this application are true, correct and provided in good faith.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and / or separation if I have been accepted.

I give the Williamson County Rescue Squad the right to investigate all references and to secure additional information about me. I consent to the release of information about my ability and fitness for membership by employers, schools, law enforcement agencies and other individuals and organizations. I hereby release from liability the Williamson County Rescue Squad and its representatives for seeking such information and all persons, corporations, or organizations for furnishing such information.

Signature of Applicant: _____

Date: _____