

Milford-Holland Rescue Squad Inc.

P.O. Box 251
Milford, N.J. 08848

Application For Membership/ Employment

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

ARE YOU 18 YEARS OR OLDER YES ___ NO ___ PHONE _____ DRIVERS LICENSE NO. _____

DESIRED POSITION

POSITION (PAID / VOLUNTEER) _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW _____ MAY WE INQUIRE WITH YOU PRESENT EMPLOYER _____

EVER APPLIED TO THIS ORGANIZATION BEFORE _____ IF SO WHEN _____

EVER BEEN A MEMBER OF THIS ORGANIZATION BEFORE _____ IF SO WHEN _____

REASON FOR LEAVING _____

HOW WERE YOU REFERRED TO THIS ORGANIZATION _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				