

Blount County Rescue Squad

P.O. Box 218

Alcoa, TN 37701

Application for Membership

| | |
|-------------------|-------|
| Full Name | |
| Address | |
| City | |
| State | Zip |
| Phone () | |
| SSN - - | |
| DOB / / | |
| Drivers License # | |
| State Issued | Class |

Have you ever been convicted of a crime? _____

If so, explain

| | |
|--|--|
| | |
|--|--|

Will you submit to a random drug test? _____

If no, explain

| | |
|--|--|
| | |
|--|--|

Hobbies

| | |
|--|--|
| | |
|--|--|

Do you have family or friends in the Blount County Rescue Squad? _____

If so, who?

| | |
|--|--|
| | |
|--|--|

Have you ever applied or been a member of the Blount County Rescue Squad? _____

If so, when?

| | |
|--|--|
| | |
|--|--|

What prompted your application?

| | |
|--|--|
| | |
|--|--|

OFFICE USE ONLY

Date application received: _____

Date applicant notified: _____

Date of N.C.I.C.: _____

Findings _____

Date references contacted: _____

Comments

| |
|--|
| |
| |
| |
| |
| |

Date and time of interview: _____

Applicant approved (Y/N): _____

Comments

| |
|--|
| |
| |
| |
| |

Date of academy: _____

Personnel Officer: _____

Reviewer: _____