

Wasatch County Sheriff Search & Rescue

Application for membership

Last Name			First		MI	Date of Birth		Date of Application	
Street Address						Driver License Number		Social Security Number	
City			State		Zip	Home Phone Number		Cell Phone Number	
Answer yes or no. Any yes answer requires a separate sheet with a full explanation	A Any criminal arrest	B Drug/Alcohol arrest or abuse	C Revoked or suspended drivers license	D Pending court action	E Seized wages or property	F Filed any claim against an employer	List current physician and phone	Insurance Co. & Policy #	

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all Information requested.

Your complete application form will be maintained in our active files for one (1) year from the date of application. You may submit a new application at any time. You may attach a one page resume to this application if you desire. Any false information, or information requested which is left blank will result in the non-acceptance of your application. All applications are the property of the Wasatch County Search & Rescue. Appointments are generally made after completion of an investigation and an interview is conducted.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and part-time jobs. If more space is required please continue on a separate sheet. You must complete this application. The present employer is sufficient if you have been continuously employed for 5 years by the same employer.

Present Company			Type of Business			Type of Job		
Street Address			Phone Number			Description of Job Duties		
City		State	Zip					
Supervisor Name			Phone Number					
Dates Worked		From	To					
Reason for Leaving								
Present Company			Type of Business			Type of Job		
Street Address			Phone Number			Description of Job Duties		
City		State	Zip					
Supervisor Name			Phone Number					
Dates Worked		From	To					
Reason for Leaving								

Educational History

School Name	Location	Major	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/Trade (after high school)							
College (list all attended)							
Other Educational Training							

Outside Activities Include any certificates which may apply to rescue skills

Professional memberships, certificates, or licenses held
Past and present civic or cultural activities – include offices held
Hobbies

Special Skills

To be completed by applicant for outdoor or rescue skills	Classes or training in each area	Years Experience
Please list other skills and/or equipment/language experience you have acquired	Identify any previous teams or rescue work you have performed.	
Do you speak a second language?		

Military Record

Branch of Service		From		To
Present Military Affiliation:	None	Reserve (active)		Reserve (inactive)
Kinds of training while in service				

Professional Work References List your current supervisor and two people that are not related who have knowledge of you.

Name	Occupation	Address	Phone Number
Physical Limitations:			

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from WCSAR. I understand that my membership may be contingent upon receipt of a background investigation, verification of birth, and any other pertinent information bearing upon my membership and that my continued membership depends upon the will of the WCSAR and myself. I agree to hold harmless the, Wasatch County Sheriff's Office, employees and quasi-employees for all inquiries and investigations into my fitness and qualification for a volunteer employee. While so employed I will maintain all required personal and automobile insurance in accordance with state laws.

Signature _____

Date _____

S&R Official Section

S O Approval

Sign

Date

App Interview

Sign

Date

Accepted as Associate

Sign

Date

Accepted as FT Member

Sign

Date

Terminated

Sign

Date

Reason

