

Mansfield Township Ambulance Corps.

41 Fieldcrest Drive
Columbus, NJ 08022
Office: (609) 298-3392
Fax: (609) 298-3328

CADET PROGRAM APPLICATION

PERSONAL INFORMATION:

Name: _____
(Last Name) (First Name) (Middle Name)

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ Social Security Number: _____ - _____ - _____

Home Address: _____

Date of Birth: _____ Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Have you ever plead guilty or been found guilty of a crime, disorderly persons offense, or a municipal ordinance involving moral turpitude?

YES NO

If you answered yes, please explain (include jurisdiction):

****Employment is conditional upon the results of a criminal background check****

DRIVER'S LICENSE or Student ID: Please provide Copy

State: _____ Number: _____ Expires: ____/____/____

Has your driver's license ever been revoked? YES NO

If you answered yes, please explain:

EMERGENCY MEDICAL SERVICE and FIRE SERVICE AFFILIATIONS:				
Please list any current and previous Emergency Medical Service or Fire Service Affiliations.				
<i>Dates</i>	<i>Agency</i>	<i>City</i>	<i>State</i>	<i>Phone</i>

REFERENCES:		
Please list three references that we may contact.		
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

As an applicant for a Cadet with the Mansfield Township Ambulance Corps., I understand and agree that I must provide truthful and accurate information in this application. I understand that I may be separated from the Cadet Program if the Mansfield Township Ambulance Corps. later discovers that information on this form was incomplete, untrue or inaccurate.

I give Mansfield Township Ambulance Corps. The right to investigate the information I have provided and to talk with parent/Guardian. I give Mansfield Township Ambulance Corps. the right to secure additional job-related information about me. I release the Mansfield Township Ambulance Corps. and its representatives from all liability for seeking such information.

I understand that Mansfield Township Ambulance Corps. Is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that Mansfield Township Ambulance Corps. will make reasonable accommodations as required by the Americans with Disabilities Act.

I understand that, if approved for the Cadet Program, I may resign at any time and the Mansfield Township Ambulance Corps. may terminate cadet status at any time in accordance with established policies and procedures. No representative(s) of Mansfield Township Ambulance Corps. may make assurances to the contrary.

I also understand that I may be subject to complete a background and criminal check.

Signature of Cadet: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICIAL USE ONLY:	
Date Received: _____	Received By: _____
Supervisor's Review: Date Reviewed: _____ <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Remarks: _____ _____	Administrator's Review: Date Reviewed: _____ <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Remarks: _____ _____