



Application for Membership

Complete this application in its entirety. Incomplete or illegible applications may be denied. Documents submitted to San Jose Search and Rescue will not be returned. Applicants are subject to a background investigation. San Jose Search and Rescue does not discriminate on the basis of race, religion, ethnic origin, color, gender, sexual orientation or disability. Fax or email copies will not be accepted. Applications may be hand delivered to the Membership Coordinator during regularly scheduled SJSAR meetings.

RETURN COMPLETED APPLICATION TO:

Membership Coordinator
c/o SJSAR
PO Box 7394
San Jose, CA 95150-7394

SJSAR USE ONLY
DATE APPLICATION RECEIVED:
APPLICATION REVIEWED BY:
[] APPLICATION ACCEPTED
[] APPLICATION DENIED
REASON:

APPLICANT INFORMATION
LAST NAME: FIRST NAME: MIDDLE NAME:
MAIDEN NAME OR OTHER NAMES USED: [] NOT APPLICABLE
STREET ADDRESS:
CITY: STATE: ZIP CODE:
MAILING ADDRESS: (IF DIFFERENT FROM STREET ADDRESS ABOVE)
CITY: STATE: ZIP CODE:
HOME TELEPHONE NUMBER: CELL PHONE NUMBER: EMAIL ADDRESS:
SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER: STATE: CLASS:
AGE: DATE OF BIRTH: PLACE OF BIRTH: (CITY, STATE, COUNTRY)
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW? (IF YES, PROVIDE COUNTY AND CIRCUMSTANCES BELOW) [] YES [] NO
EDUCATION
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT (G.E.D. OR CA. PROFICIENCY)? [] YES [] NO
HAVE YOU ATTENDED AN ACCREDITED COLLEGE OR UNIVERSITY? (IF YES, LIST BELOW) [] YES [] NO
NAME OF COLLEGE OR UNIVERSITY: DATES ATTENDED: DEGREE EARNED: MAJOR:



SAN JOSE SEARCH AND RESCUE

www.sjsar.org

DO YOU POSSESS AN EMT-BASIC CERTIFICATE VALID IN CALIFORNIA? (IF YES, ATTACH COPY)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU POSSESS A VALID CALIFORNIA TITLE 22 FIRST AID CERTIFICATE? (IF YES, ATTACH COPY)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU POSSESS A VALID BLS-CPR OR CPR PRO CERTIFICATE? (IF YES, ATTACH COPY)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER LICENSES OR CERTIFICATES RELATING TO EMS OR PUBLIC SAFETY: (IF YES, ATTACH COPIES)		<input type="checkbox"/> NONE	

<input type="checkbox"/> NASAR SAR TECH III	<input type="checkbox"/> NASAR SAR TECH II	<input type="checkbox"/> NIMS IS-100.A	
LANGUAGES SPOKEN OTHER THAN ENGLISH:		<input type="checkbox"/> NONE	
RELEVANT SAR / PUBLIC SAFETY EXPERIENCE:		<input type="checkbox"/> NONE	

EMPLOYMENT HISTORY			
Please list work experience for the previous (10) years, beginning with your current or most recent job. Attach additional pages if necessary.			
DATE OF EMPLOYMENT: FROM: TO:		TYPE OF BUSINESS OR ORGANIZATION:	TITLE OF YOUR POSITION:
NAME AND ADDRESS OF EMPLOYER:		TYPE OF POSITION: <input type="checkbox"/> FULL <input type="checkbox"/> PART TIME	
		NAME OF SUPERVISOR:	
DESCRIPTION OF DUTIES AND RESPONSIBILITIES:		SUPERVISOR'S PHONE NUMBER:	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF EMPLOYMENT: FROM: TO:		TYPE OF BUSINESS OR ORGANIZATION:	TITLE OF YOUR POSITION:
NAME AND ADDRESS OF EMPLOYER:		TYPE OF POSITION: <input type="checkbox"/> FULL <input type="checkbox"/> PART TIME	
		NAME OF SUPERVISOR:	
DESCRIPTION OF DUTIES AND RESPONSIBILITIES:		SUPERVISOR'S PHONE NUMBER:	
		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL REFERENCES			
NAME: (FIRST AND LAST)		RELATIONSHIP:	TELEPHONE NUMBER:
NAME: (FIRST AND LAST)		RELATIONSHIP:	TELEPHONE NUMBER:
CERTIFICATION OF APPLICANT			
I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts will cause forfeiture of my eligibility for membership. I also understand that falsification or failure to disclose any convictions will result in forfeiture of my eligibility for membership. I understand that I give the right to San Jose Search and Rescue to check any information regarding my application for membership.			
SIGNATURE OF APPLICANT:		DATE:	

END OF APPLICATION FOR MEMBERSHIP