



**Physical Record**

Do you have any physical ailments or disabilities that would preclude you from performing any required duties?      Yes                  No

If YES, please describe

Are you allergic to insect stings, medications or other substances?      Yes                  No

If YES, please identify

What is your BLOOD TYPE

Height                  Weight                  Eye Color                  Hair Color

(This action is intended for identification purposes only. It is not a consideration for application. Marquette County is an equal opportunity organization)

In case of an emergency, notify:

Name                                                  Relationship  
Address                                              Telephone Number

Give a short description of why you want to be on Search and Rescue

**Agreement**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements and references contained herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if accepted, my participation on the Marquette County Sheriff’s Office Search and Rescue Services may be terminated at any time without any prior notice, and such time, I will promptly turn in any issued items.

I understand that this application is not and is not intended to be an understanding of acceptance.

\_\_\_\_\_  
Signature of Applicant                                                  Date                                                  \_\_\_\_\_

## Employment History

Start with your present or last job. Include military service assignments, if applicable. If less than three jobs, list any volunteer activities or organizations you have participated in.

### Employer 1

<b>Name</b>			
<b>Address</b>			<b>Telephone Number</b>
<b>Dates Employed:</b>	<b>From</b>	<b>To</b>	<b>Job Title</b>
<b>Work Performed</b>			

### Employer 2

<b>Name</b>			
<b>Address</b>			<b>Telephone Number</b>
<b>Dates Employed:</b>	<b>From</b>	<b>To</b>	<b>Job Title</b>
<b>Work Performed</b>			

### Employer 3

<b>Name</b>			
<b>Address</b>			<b>Telephone Number</b>
<b>Dates Employed:</b>	<b>From</b>	<b>To</b>	<b>Job Title</b>
<b>Work Performed</b>			

Current driver's license number and state issued

Vehicle Make and Model

Plate Number/State

List three (3) references who are not related to you

	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
1			
2			
3			