

DAPHNE SEARCH AND RESCUE | PO BOX 41| DAPHNE, AL, 36526
251.621.3097

Dear Inquiring Citizen,

Thank you for your interest in Daphne Search and Rescue (DSAR). DSAR has a rich tradition and continues to strive for the protection of life and property for the citizens of Daphne and the surrounding areas, when requested.

Drills and business meetings are as follows:

- Drills: Are held on second Tuesday of the month at 6pm and the third or fourth Sunday at 1pm
- Business Meetings: Are held on the first Tuesday of each month at 6pm

Drills and meetings are held at Daphne Station #1 which is located at the corner of 6th and Belrose. 618 Belrose Ave in Daphne. Members will be notified of any changes of dates, times, or locations in advance. To be eligible for membership and applicant must meet the basic requirements which are as follows: must be physically, mentally, and medically able to perform the necessary duties; 18 years or older; be insurable by the insurance provider for the City of Daphne; Successfully pass a background check in accordance with the requirements set forth by the City of Daphne Human Resources department.

Individuals under the age of 20 are not allowed to drive city vehicles.

In order to process your application, the following pre-requisites must be completed fully:

- Completed application (pg 2)
- Educational background (pg3)
- Contact information sheet (pg 4)
- Medical evaluation. Must be completed by a licensed medical provider (pg 5)
- Volunteer Agreement (pg 6)
- Signed background investigation consent form and receipt of summary of FCRA rights. (summary of FCRA Rights is yours to keep) (pg 7 .)
- Signed drug and alcohol policy consent/ release form. (policy is yours to keep) (pg 11)
- Official copy of applicants' motor vehicle record (MVR) which can be obtained by mailing the attached form to the Department of Transportation, Motor Vehicle Division. (pg 12 .)
- Copy of your current AL drivers license.

Once all requirements have been met the applicant will receive equipment and begin the required 90-day minimum probationary period. The probation period allows members and the applicant an opportunity to get acquainted and for the applicants to determine if he or she still desires to remain an active member within the departments. Once the probationary period has concluded the applicants' application will be presented to the members for final voting and approval.

Again, thank you for your interest in DSAR; we hope to welcome you to the team and see you at future DSAR activities.

Respectfully,

Captain, Daphne Search and Rescue

Application for Membership Daphne Search and Rescue

After completion and submittal of this application to the application chairman, you will be contacted by the City of Daphne Human Resources Department to schedule the background check. If you do not complete any part of the application process, we cannot accept your application. After acceptance, you will begin a 90-day probationary period and be issued equipment.

PLEASE PRINT

Last Name	First Name	MI	Date of Application	
How did you hear about us?				
Advertisement	Friend/Relative (name _____)		Walk-in	Other _____
Address Number	Street	City	State	Zip Code
Telephone(s)	Home	Mobil	Work	
Email	Date of Birth		Drivers License # and State	
Social Security Number	Hair Color	Eyes	Height	Weight
Relationship Status	Emergency Contact		Relation	Number
Alternate Emergency Contact or additional numbers				

Are you 21 years of age or over? Yes ☐ No ☐
*You may be accepted for membership at 18, but **CAN NOT** operate any City owned vehicles*

Have you applied with us before? Yes ☐ No ☐
If so give date: _____

Have you ever been a member of DSAR? Yes ☐ No ☐
If so give date: _____; Reason for non-active status _____

Have you ever had your License revoked or suspended? Yes ☐ No ☐
If so, explain fully on back of this page.

In the past Three years had any of the following traffic violations?
 Speeding ☐ Reckless Driving ☐ DUI ☐ Running Stop Sign ☐
If yes to any of the above, list number of times and what state on the back of this page.

Have you ever been convicted of a crime other than minor traffic violations? Yes ☐ No ☐
If yes, please explain fully on back of this page.

Have you ever lived outside of the state of Alabama? Yes ☐ No ☐
If so please list all states on back of this page.

EDUCATIONAL BACKGROUND

	High School	Trade/ Vocational	College/ University
School Name and location			
Years Completed			
Diploma/ Degree GED			
Describe Studies			
Honors received			

Any specialized training, apprenticeship, skills, and extra-curricular activities

Have you ever had drivers training? Yes ☐ No ☐
 If yes, Date_____. Location_____

Have you ever had a defensive driving course? Yes ☐ No ☐
 If yes, Date_____. Location_____

Have you had training in any of the following courses? Yes ☐ No ☐
 If so date of most recent & expiration
 First Aid _____ CPR _____ EMT _____ Fire Fighting _____

Have you ever served with a Fire Department? Yes ☐ No ☐
 If so when and where? Date_____ Location_____

Have you ever served with the Armed Forces? Yes ☐ No ☐
 Highest rank_____ Branch_____ Discharge Type_____

DO YOU UNDERSTAND YOU WILL BE CALLED UPON AT ALL HOURS WHEN NEEDED IF YOU ARE ACCEPTED INTO MEMBERSHIP? Yes ☐ No ☐

Please list any additional skills and certifications on the back of this page

DAPHNE SEARCH & RESCUE
MEMBER CONTACT INFORMATION FORM

NAME: _____ TODAY'S DATE MM/YEAR: _____

MAILING ADDRESS: _____

HOME PHONE: _____

CELLULAR: _____

WORK PHONE: _____

EMAIL: _____

CLOTHING SIZES: Shirts: _____ Pants: _____ Hats: _____

Shoe: _____ Suit/ Dress: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATION: _____

GOOD CONTACT NUMBER: _____

PREFERRED HOSPITAL: _____/ALTERNATE: _____

DOCTOR: _____

IN CASE OF EMERGENCY DO YOU HAVE ANY MEDICAL CONDITIONS, MEDICATIONS, OR ALLERGIES
WHICH MAY BE IMPORTANT TO MEDICAL PROVIDERS:

MEDICAL RECOGNITION

This section must be completed by a licensed physician before application can be completed.

I, _____, hereby recognize, on this _____ day of _____, 2____, that _____ (applicant) is physically, medically and mentally competent to perform the duties associated with Search and Rescue training and missions.

Signature of Physician: _____

Office Address: _____

Office Telephone Number: _____

APPLICANT'S STATEMENT

I certify that answers given by me to all questions on this application are to the best of my knowledge and belief, true and correct, without mental reservations of any kind whatsoever. I further affirm that I have not knowingly withheld any fact or circumstances that would detrimentally affect this application. I understand any false statement or omission of material facts shall be considered sufficient cause for dismissal.

I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. This application for membership shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for membership beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I understand if I become a member of Daphne Search and Rescue, such membership does not constitute membership for a fixed or guaranteed period of time and that such membership, including any and all terms and conditions relating thereto whether presently in existence or adopted at some later date, is and are terminable in accordance with the policy, procedure and practice of Daphne Search and Rescue and the City of Daphne.

I elect to be a member of a drug-free organization and agree to all provisions in the Drug and Alcohol Policy set forth by the City of Daphne.

I understand I am required to abide by all rules and regulations by Daphne Search and Rescue and the City of Daphne.

Signature of Applicant

Date

FOR APPLICATION COMMITTEE ONLY

Application Received Complete: _____

- ☐ Medical Recognition – Must be completed by Physician
- ☐ Copy of Driver's License
- ☐ Completed Drug and Alcohol Consent/Release
- ☐ Background Investigation Consent Form and Receipt of Summary of FCRA Rights
- ☐ Motor Vehicle Record (MVR) – Copy required

This application has been reviewed and approved for processing:

By: _____

Daphne Search and Rescue Captain

Date

- ☐ Background check completed and approved by Human Resources
- ☐ Background check reflected negative items and is not approved by Human Resources

VOLUNTEER AGREEMENT
DAPHNE SEACH AND RESCUE MEMBERS UNDER THE AGE OF 20

The City's liability insurance carrier requires all insured drivers of city vehicles be at least 20 years of age and have an acceptable driving record.

Individuals 18-20 years of age are allowed to serve as members on Daphne Search and Rescue. However, **these individuals will not be allowed to drive ANY City vehicle of any kind while volunteering.** Once reaching the age of 20, their name will be submitted to the insurance carrier for insurance coverage approval. The individual can not operate any vehicle until the DSAR captain receives the approval from Human Resources.

AGREEMENT

I understand that, as a volunteer under the age of 20, I may not drive any City vehicle. It is my responsibility to adhere to this requirement. I understand that a violation of this agreement will automatically result in my dismissal from membership with DSAR.

I will notify the appropriate individuals within DSAR and Human Resources when I reach the age of 20 for insurance coverage submittal.

Daphne Search and Rescue Member

Date

Daphne Search and Rescue Captain

Date

Human Resources Director

Date

CLIENT NAME: City of DaphneCLIENT ACCOUNT NUMBER: 700046

STAFF CONTACT: _____

PHONE NUMBER: _____

NOTICE REGARDING BACKGROUND INVESTIGATION**NOTICE AND ACKNOWLEDGMENT****[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

City of Daphne may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park Birmingham, AL 35242, toll-free 866.859.0143 or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing City of Daphne to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of City of Daphne I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

Signature of Employee or Prospective Employee_____
Date**APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT**

The following is for identification purposes only to perform the background check and will not be used for any other purpose: **PLEASE USE BLACK INK.**

Print: Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____ MVR Number _____ State _____

Current Address: _____ City _____ State _____ Zip Code _____

Previous Address (Past 7 Years): _____ City _____ State _____ Zip Code _____

Alias Names (Other names I have been known by): _____

Standard Searches	Additional Searches	
Social Security Trace	County Criminal	Employment Verification
Statewide Criminal	Federal Criminal	Reference Verification
State Sex Offender	MVR	Education Verification
	Credit Report	Professional License
	USOne search	

Drug and Alcohol Policy Consent/Release Form
City of Daphne, Alabama

I have read and acknowledge receipt of the City of Daphne's Drug and Alcohol Policy. I agree, as a condition of my initial or continued employment by the City to be bound by the terms, conditions and provisions of the City's Drug and Alcohol Policy. I agree to submit to drug or alcohol tests in accordance with the terms of this Policy.

I do hereby give my consent to the City of Daphne to collect a sample of my urine, blood and/or breath from me on this date, and I further give my consent to the City to forward the sample(s) to the laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol. I further give the laboratory my permission to release the results of such tests to the City's Medical Review Officer. I authorize the Medical Review Officer to release test results to the City of Daphne, Alabama.

I expressly authorize the City or its MRO to release any test-related information, including positive results, to the Unemployment Compensation Agency, or any other relevant government agency.

I understand that if I am subject to post-accident testing, I must remain available, or my employer may consider me to have refused to submit to testing. I must refrain from consuming alcohol for eight hours following the accident, or until I submit to an alcohol test. I also understand that if this test is being conducted because of an accident in which I was involved, and I refuse to submit to or cooperate with an alcohol or prohibited substances test conducted and evaluated pursuant to standards adopted by the U.S. Department of Transportation in 49 C.F.R. §§ 40 and 382, as amended, that such refusal will forfeit my right to recover workers' compensation benefits as set forth in Alabama Code § 25-5-1, et seq.

I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal, state and local law.

I also understand that it is not the purpose of this test to identify any disability I may have.

Name Printed

Date

Signature

Witness

Social Security Number



Alabama Law Enforcement Agency

Print and Return Completed Form To: Alabama Law Enforcement Agency
Driver License Division
P.O. Box 1471
Montgomery, AL 36102-1472

TO WHOM IT MAY CONCERN:

The fee for searching the files for the Driver License Division and certifying information is \$5.75 per request. If the information you have provided is incorrect or if we are unable to locate the record, a new request must be submitted with the accompanying \$5.75 fee.

In order to purchase a copy of a driving record, please complete the following information and return this letter with \$5.75 in the form of a cashier's check, certified check, or money order made payable to the Alabama Law Enforcement Agency. **NO PERSONAL CHECKS WILL BE ACCEPTED. DO NOT SEND CASH.** Please allow one week to 10 days for processing requests.
Return request with self-addressed, stamped envelope.

Information Needed to Request your Driving Record

Name: Last*		Name: First*		Middle*	
Driver License Number*		Social Security Number**		Date of Birth*	
Current Address		City		State	Zip Code
Race	Sex		Daytime Telephone Number		

* - Indicates a Required Field

** - Social Security is required if Driver License Number is unavailable

Signature

Date