

**Sardinia Life Squad and Rescue, Inc.**  
**Application for Emergency Medical Technician**  
**PO Box 380**  
**159 Winchester Street**  
**Sardinia OH 45171**  
**937-446-2901**

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DATE \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ LENGTH OF TIME: \_\_\_\_\_

(Number and street) (City, state and zip)  
PHONE (HOME): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_

**If less than 2 years at above address, please complete the following:**

PRIOR ADDRESS: \_\_\_\_\_ LENGTH OF TIME: \_\_\_\_\_  
(Number and street) (City, state and zip)

**AVAILABILITY:**

I am available to respond to alarms during the (check one)

Day \_\_\_\_\_ evening \_\_\_\_\_; during the hours of \_\_\_\_\_

**EDUCATION:** (List name of school and last grade completed.)

Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

Other: \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not graduate from high school, do you have a high school equivalency diploma? Yes [ ] No [ ]

If yes, date received: \_\_\_\_\_ Source: GED USAFI Other

**MILITARY EXPERIENCE:**

Are you an Armed Forces Veteran? Yes [ ] No [ ]

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**REFERENCES:** List three mature responsible persons who are well acquainted with you other than relatives.

<u>Name</u>	<u>Current Address</u>	<u>Phone Number</u>

Are you currently under indictment for a felony warrant?

Yes  No

Have you ever been convicted of a felony? Yes  No

If yes, give: Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been arrested, detained, or taken into custody in this state, in any other state, in Military service, or elsewhere, or were you ever investigated by a law enforcement or governmental agency?

Yes  No  If yes, give details on a separate sheet, If yes, how many times? \_\_\_\_\_

Number of traffic tickets received (excluding parking tickets) you have received in the last five (5) years: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes  No

Have you ever been involved in an accident? Yes  No  If yes, how many? \_\_\_\_\_

Were you judged at fault in any accident? Yes  No

If you possess any license (other than driver's license), certificate, or other authorization to practice a trade or profession, complete the following section.

TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

**EMPLOYMENT HISTORY**

**CURRENT EMPLOYER:**

Name \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Type of Work \_\_\_\_\_

Work Hours \_\_\_\_\_ Shift \_\_\_\_\_ Days \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_

Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Were you ever subject to DISCIPLINARY ACTION in connection with any employment?

Yes \_\_\_\_ No \_\_\_\_ if yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAINING AND SKILLS:**

List any training or skill which you feel would be an asset to the Department:

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Do you have any medical conditions that will limit your ability to perform as an EMT?  
Yes \_\_\_\_ No \_\_\_\_ if yes, give details:

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Are you taking any Medications that will limit your ability to perform as an EMT?  
Yes \_\_\_\_ No \_\_\_\_ if yes, give details:

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**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I authorize investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the Sardinia Life Squad & Rescue, including but not limited to, attendance records, rating forms, written or verbal evaluations, and academic transcripts. I understand that misrepresentation or omission of facts called for on this application is cause for rejection.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# AUTHORITY TO INVESTIGATE PERSONAL INFORMATION

I hereby authorize Sardinia Life Squad & Rescue, to conduct investigation into my background including criminal history, driving record, previous employment, educational background, medical history, and to conduct any other investigation that it deems appropriate. I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officer or other appropriate persons to furnish the Sardinia Life Squad & Rescue with all information it may have pertaining to me. I hereby release the Sardinia Life Squad & Rescue, such custodians and any law enforcement agency, judicial officer or any other individual from any liability arising from the disclosure of any information pertaining to be which is obtained during said investigation.

**MY FULL NAME (please print):**

\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_  
(Number and street) (City, state and zip code)

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVER LICENSE NO:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_

I hereby give permission to for the release of any and all information as may be deemed necessary by the Sardinia Life Squad & Rescue, Inc.

\_\_\_\_\_  
(Type or print full name)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)

