

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

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:

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

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

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)

