
GENERAL

Subject(s) of special study or research work:

Special skills or trades:

Hobbies and activities:

Military Service: _____ Rank: _____

REFERENCES: Names of persons, not related to you, whom you have known for at least one year.

Name	Address	Phone Number	Years Acquainted
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1

2

3

MEDICAL HISTORY

Known Allergies: _____

Doctor: _____

Medical conditions that we need to be aware of that might prevent you from performing duties as a Rescue Squad member:

QUESTIONNAIRE

Have you ever been convicted of a Felony?

Has your EMS license ever been suspended or revoked?

If Yes explain:

I certify that all the information provided to be truthful and complete statement of the facts with the understanding that if found false, it may prevent my being a member or may cause dismissal once becoming a member. I authorize the Rescue Squad to investigate my previous experience and qualifications.

I hereby acknowledge that I have read this application in its entirety, and understand that this application is not a contract of membership and that any individual who becomes a member may voluntarily leave membership or be terminated at any time by the Rescue Squad Director and Crew Chief.

Signature

Date