**Silver Spanner Application**

Name:

Address:

City: State: Zip:

Phone Number: Full-time Department:

Date of Birth: SSN:

Driver’s License No.: Exp. Date:

I.D.P.H. License No.: SCC #:

Email Address:

Emergency Contact Name:

Relationship: Phone Number:

**Required documents (copies):**

* IDPH Paramedic License
* Driver’s License

*\*\*\*This application AND the required documents can be returned in person at the address listed above OR electronically as an email attachment to* ***mgabriele@palosfire.org****\*\*\**