

APPLICATION FOR MEMBERSHIP

Roanoke Emergency Medical Services, Inc.

PERSONAL DATA

Last Name First Name MI SSN# DOB Marital Status

Home Address (Include Apt. #) City State Zip Code

Home Phone Work Phone Pager/Cell E-Mail

Name and Address of Parent or Guardian (Required if applicant is under 18 years old)

Personal Vehicle: Make, Model and Year License Tag # Expires

MEDICAL DATA

Have you any physical or medical conditions which could effect your ability to perform in strenuous physical activity as is required in emergency medical services work: If yes, explain condition and/or limitations below:

List any medications that you take regularly

Name of Personal Physician Date of Last Physical Blood Type

EDUCATIONAL BACKGROUND

Name of High School Highest Grade Completed Graduate or GED

Name of College Years Attended Degree/Major

List any Vocational or Technical training skills

MILITARY BACKGROUND

Branch of Service Highest Rank/Grade Job Specialty Entered Date Discharge Date/Type

List any current military obligations. If in Reserves include unit name and address.

E.M.S. BACKGROUND

List any previous EMS Affiliations (If more than one, use separate sheet)

Captain/Supervisor

Mailing Address, City, State, Zip Code

Phone Number

Explain Reason for Leaving

Current Certification Level

Expiration Date

Defensive Driving(Y or N)

EVOC(Yor N)

List any other EMS Training/Courses completes

EMPLOYMENT

Current Employer

Dates of Employment

Immediate Supervisor

Business Address, City, State, Zip Code

Business Phone Number

PERSONAL REFERENCES

Do not list persons related to you! Give complete mailing address!

1

Full Name

Street

City

State

Zip Code

Phone

How Acquainted

How Long

E-Mail

2

Full Name

Street

City

State

Zip Code

Phone

How Acquainted

How Long

E-Mail

3

Full Name

Street

City

State

Zip Code

Phone

How Acquainted

How Long

E-Mail

MISCELLANEOUS INFORMATION

Note any additional information you feel is pertinent to your evaluation for membership.

CENSUS INFORMATION

Please indicate how you found out about Roanoke Emergency Medical Services, Inc.

CERTIFICATION

This is an application for membership and is used for evaluation purposes only. I certify that all information herein is correct to the best of my knowledge and I understand that giving false information is cause for rejection/dismissal. I understand by signing this application I consent to a Criminal Background Check.

Signed

Applicant

Date

Signed

Parent or Guardian

Relationship

Date

(Required for all applicants under the age of 18 years)