

WOLFFORTH FIRE & EMS

- EMS APPLICATION -

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ DL #: _____ SS#: _____

Marital Status: Married Single Spouse's Name: _____ # of Children: _____

Mailing Address: _____ City: _____ Zip Code: _____

Previous Address (if less than 3yrs.): _____

Cell #: _____ Home #: _____

Email Address: _____

EMPLOYMENT

Present Employer: _____ Phone #: _____

Supervisor: _____ Job Title: _____ Working Hours: _____

Previous Employer: _____ Phone #: _____

Supervisor: _____ Job Title: _____

CERTIFICATIONS

(Attach copies of all certifications - Front & Back - to this application)

State EMS Cert. #: _____ Expiration Date: _____

Nat. Registry #: _____ Expiration Date: _____

List all other certifications (BLS, ACLS, etc.): _____

CRIMINAL HISTORY/DRIVING RECORD

Have you ever been charged/convicted of DWI/DUI? Yes No

Have you ever been charged/convicted of a misdemeanor (Class A or Class B)? Yes No

Have you ever been charged/convicted of a felony? Yes No

If you answered "yes" to any of the previous questions, enclose details below:

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

I hereby affirm that the above information is true and accurate to the best of my knowledge. I understand that Wolfforth Fire & EMS will verify all information. Any false information may lead to my removal from this department.

Signature: _____ Date: _____