

Emergency Medical Services

CANDIDATE APPLICATION

INSTRUCTIONS: COMPLETE THE FOLLOWING INFORMATION, HAVE THE APPLICATION SIGNED BY THE LOCAL COORDINATOR AND PERSONALLY BRING THIS APPLICATION ALONG WITH YOUR CURRENT OHIO DRIVER'S LICENSE TO THE COUNTY EMS OFFICE FOR REVIEW. PLEASE CALL TO SCHEDULE APPOINTMENT.

PLEASE PRINT

NOTICE: ALL INFORMATION MUST BE COMPLETED FOR ELIGIBILITY

NAME _____ M / F

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMPLOYER _____ ADDRESS _____

CELL PHONE _____ PAGER _____ EMAIL _____

D.O.B. _____ SOCIAL SECURITY # _____

OHIO LICENSE # _____ EXP DATE _____

OHIO EMT CERTIFICATION # _____ EXP DATE _____

TRAINING LEVEL _____ CPR EXP. DATE _____

LOCAL DISTRICT CONSIDERING _____

RECOMMENDED BY _____ DATE _____
(EMS DISTRICT COORDINATOR/ FIRE CHIEF)

I HEREBY ACKNOWLEDGE THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO HEREBY CONSENT TO ANY AND ALL APPLICABLE DRIVING RECORD AND CRIMINAL BACKGROUND INQUIRIES AS PERMITTED BY LAW FROM ABOVE STATED PUBLIC SAFETY AGENCY.

CANDIDATE SIGNATURE _____ DATE _____