LAMONI EMS APPLICATION

Date _____

Name _____ DOB _____ Sex M F

Address _____

Social Security Number _____ Home Phone _____

Occupation _____ Work Phone _____

Do you have a valid driver's license? _____ State issued in? _____ Class _____

Hours you would be able to respond to calls? _____

Do you have any medical conditions that could affect your ability to perform the duties of an EMS provider? YES or NO If yes, please specify: _____

_____

List any allergies (medications, materials, insects, etc.): _____

_____

Describe any previous EMS experience. _____

Have you ever been convicted of a felony? _____ If so, please explain. _____

_____

Who should we contact in case of an emergency? _____

Relationship _____ Phone _____

List the names, addresses and phone numbers of three references who are not related to you, and have known you for at least three years. The Department will contact these references.

_____
Name Phone

_____
Address

_____
Name Phone

_____
Address

_____

_____
Name Phone

_____
Address

I, _____, do state that all the information given is true. I understand any falsification of information could result in immediate dismissal. In addition, I authorize Lamoni EMS Department to access any criminal history pertaining to me contained in any local, state or federal criminal history files., I further authorize the Lamoni EMS Department to access my motor vehicle records to review my driving history. I understand this authorization allows the review of criminal and driving records at any time during my association with the Lamoni EMS. I also agree to meet all requirements and guidelines as stated in the Lamoni EMS Constitution and By-laws.

Signed _____ Date _____

Witnessed _____ Date _____

You must submit this application along with copies of your Driver's License, Healthcare Provider CPR card and Iowa EMS Certification. The Department as well as the Department's Medical Director reviews this application.

You will be notified if you are accepted

DEPARTMENT USE ONLY:

Medical Director _____ Approval YES NO Date _____