

**SENECA COUNTY EMS
APPLICATION FOR IDENTIFICATION BADGE**

INSTRUCTIONS: COMPLETE THE FOLLOWING INFORMATION, HAVE THE APPLICATION SIGNED BY YOUR LOCAL COORDINATOR AND PERSONALLY BRING THIS APPLICATION ALONG WITH YOUR CURRENT STATE OF OHIO EMT CERTIFICATION CARD AND OHIO DRIVER LICENSE TO THE COUNTY EMS OFFICE SO YOUR PICTURE CAN BE TAKEN AND THE CARD ISSUED. CALL FOR APPOINTMENT. 447-0266

PLEASE PRINT

ALL INFORMATION MUST BE COMPLETE BEFORE A CARD WILL BE ISSUED

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 SQUAD _____ LOCAL PERSONAL UNIT # _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

I HEREBY ACKNOWLEDGE TH INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE, THIS IDENTIFICATION BADGE WILL REMAIN THE PROPERTY OF SENECA COUNTY.

APPLICANTS SIGNATURE _____ DATE _____

RECOMMENDED BY _____ DATE _____
SIGNATURE LOCAL SQUAD COORDINATOR