

# 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 \_\_\_\_\_