

# APPLICATION FOR MCEMS AUXILIARY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMT # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ PARAMEDIC # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

EVOC  YES  NO CPR:  AHA  ARC  ASHI EXP: \_\_\_\_\_

DL# \_\_\_\_\_ State . \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SSN \_\_\_\_\_

## NAME OF TRAINING CENTER:

SCHOOL & LOCATION: \_\_\_\_\_ LEVEL: \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

### REFERENCES (3) NOT RELATED

	NAME	ADDRESS	TELEPHONE
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

ANY HEALTH PROBLEMS WHICH MAAY AFFECT YOUR PREFORMANCE: \_\_\_\_\_

PAST MEDICAL EXPERIENCE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?:  YES  NO

I HEARBY AGREE TO ABIDE BY ALL THE RULES, REGULATIONS, A ND PROCEDURES ESTABLISHED BY MANATEE COUNTY PERSONNEL POLICY AND MANATEE COUNTY EMERGENCY MEDICAL SERVICE AND WILL CONDUCT MYSELF IN A PROFESSIONAL MANNER AT ALL TIMES. I ALSO UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN DISMISSIAL FROM THE MANATEE COUNTY EMS AUXILIARY.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_