FoxWall EMS

Application for Membership / Employment

Full Name:		
Home Address:		
City:	State:	Zip:
Email Address:		

Current Employer:		
Home Phone:	Work Phone:	
Pager Phone:	Other Phone:	
Age: Date of Birth:	Social Security Number:	
Drivers License Number:	Expiration:	
Emergency Contact:	Phone Number:	

STUDENTS

School Presently Attending:	
Grade/Year:	Degree or Cert.

REFERENCES

Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:

WORK EXPERIENCE

Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	☐ Yes ☐ No
Supervisor's Name:	Phone Number:
Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	☐ Yes ☐ No
Supervisor's Name:	Phone Number:
Employer:	Phone:
Address:	Type of Business:
Job Title:	Start Date:
Date left:	Reason:
May we contact your supervisor?	☐ Yes ☐ No
Supervisor's Name:	Phone Number:

Work Availability

Position Desired:	☐ Volunteer	☐ Part-Time	☐ Casual
Hours Available per Week:			
Hours Each Week Not Available:			

EMERGENCY SERVICES TRAINING

Please list all relevant EMS, Fire, and Public Safety training.

Class	Date	Expires	Certification #

Please list any additional affiliations here:
Who Recommended you to Foxwall?

Health, Mental Status, Physical Condition

Please answer the following truthfully, an affirmative answer is not necessarily terms for rejection.

Are you presently under a physicians care for any chronic or serous illness?

☐ Yes ☐ No (If Yes Please Explain on Back)

Do you have any physical, mental, or sensory limitations or disabilities that may interfere with your ability to perform in a hazardous environment or severe working conditions?

☐ Yes ☐ No (If Yes Please Explain on Back)

Do you now or have you ever had a problem with alcohol abuse or been a user of narcotics or other controlled substances?

☐ Yes ☐ No (If Yes Please Explain on Back)

HEPATITIS B VACCINE

As a member of an emergency medical service, you are entitled to the Heptivac vaccine for Hepatitis B as our expense. Although you are not required to receive the vaccines, we strongly urge you to do so.

☐	I wish to receive the vaccines	Initial:
☐	I do NOT wish to receive the vaccines	Initial:
☐	I have already received the vaccines	Initial:

Applicant's Statement and Agreement

- In order to serve as a crew member, an individual must be a minimum of 16 years of age and become certified in CPR within one month of joining. Paid Employees must meet additional requirements.
- New members and employees are considered probationary for a period of six months. Prior to being taken off the probationary member list, the member will be evaluated by the training supervisor for approval to be removed from probationary status. Probationary members and employees may be discharged from the service at any time.
- Crew members under the age of 18 years are subject to additional limitations and requirements and must submit a valid work permit with this application.
- I voluntarily give Foxwall EMS the right to investigate the information given on this application and hereby release all parties listed supplying such information from any liability or responsibility.
- I understand that the confidentiality of the information will be maintained by Foxwall EMS.
- I hereby certify that I have answered all foregoing questions to the best of my ability and understand that misrepresentation will be considered grounds for rejection or dismissal from this service.

Signature of Applicant:	Date: