



Foxwall EMS
Application for Membership / Employment



Demographic Information	
Full Name:	
Cell Phone:	Other Phone:
Do you have a valid driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:	
Email Address:	
Emergency Contact:	Relation:
Phone Number:	

Work Availability	
Position Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Volunteer	
Hours Available per Week:	

References	
Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:
Name:	Occupation:
Phone Number:	Years Known:
<u>This section is for ALS Providers Only</u>	
Has your command ever been restricted or withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain the circumstances below:	

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:
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