

TOLEDO EMERGENCY SERVICE APPLICATION FOR MEMBERSHIP

Part I:
NAME _____ SS# _____

ADDRESS _____

BIRTHDATE _____ DRIVERS LICENSE TYPE _____

TELEPHONE # HOME _____ WORK _____

EMPLOYER _____ YEARS OF EMPLOYMENT _____

HAVE YOU HAD ANY PREVIOUS EMS EXPERIENCE _____

IF SO, WHERE _____ YEARS _____ POSITIONS _____

LIST ANY MEDICAL TRAINING _____

CAN YOU ACCEPT ORDERS FROM THE OFFICERS _____

TWO WAY COMMUNICATION EXPERIENCE _____

DO YOU BELONG TO ANY OTHER ORGANIZATIONS _____

ARE YOU WILLING TO PUT AMBULANCE SERVICE AND ITS DUTIES ABOVE ANY
OTHER ORGANIZATIONS _____

WHY WOULD LIKE TO JOIN _____

Part II: Answer the following questions. Explain any "Yes" answers on the back of this page.

1. DO YOU HAVE A MEDICAL CONDITION WHICH IN ANY WAY IMPAIRS OR LIMITS YOUR ABILITY TO PROVIDE EMERGENCY MEDICAL CARE? "MEDICAL CONDITION MEANS ANY PHYSIOLOGICAL, MENTAL OR PSYCHOLOGICAL CONDITION, IMPAIRMENT OR DISORDER, INCLUDING DRUG ADDICTION AND ALCOHOLISM. Y N
2. HAVE YOU WITHIN THE LAST 5 YEARS ENGAGED IN THE ILLEGAL OR IMPROPER USE OF DRUGS OR OTHER CHEMICAL SUBSTANCES? Y N
3. HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, OR ENTERED A PLEA OF NO CONTEST TO A FELONY OR MISDEMEANOR CRIME? (OTHER THAN MINOR TRAFFIC VIOLATIONS WITH FINES UNER \$100) Y N
4. HAS ANY STATE OR OTHER JURISDICTION OF THE UNITED STATES OR ANY OTHER NATION EVER LIMITED, RESTRICTED, WARNED, CENSURED, PLACED ON PROBATION, SUSPENDED, REVOKED OR OTHERWISE DISCIPLINED A LICENSE ISSUED TO YOU? Y N
5. HAVE YOU EVER BEEN SUED IN CONNECTION WITH YOUR EMERGENCY MEDICAL FUNCTION IN THIS OR ANY OTHER STATE? Y N

BY SIGNING BELOW, THE UNDERSIGNED ALLOWS THE TOLEDO VOLUNTEER FIRE DEPARTMENT TO OBTAIN YOUR EMPLOYMENT RECORDS, HISTORY AND INFORMATION, INCLUDING PERSONNEL FILES, AND A CRIMINAL HISTORY AND BACKGROUND CHECK FOR EMPLOYMENT PURPOSES.

APPLICANT'S NAME

DATE

MEMBER'S NAME

DATE