Name _____ Date of Hire_____

Sherwood Village Fire & EMS

PO Box 4545
Sherwood, OH 43556-0545
419-899-4560

Application for Emergency Medical Technician

PLEASE PRINT

Name _____
First **Middle Initial** **Last**

Mailing Address_____
Street **City** **State** **Zip**

Social Security # _____-_____-_____ **Birth Date** _____

Phone # _____ **Email Address** _____

Driver's License and State _____ **Expiration Date** _____

US Citizen ○ **YES** ○ **NO** **Length at current address** _____

Previous Address_____
Street **City** **State** **Zip**

Arrested/Convicted of a violation of law other than minor traffic offense ○ **YES** ○ **NO**

Explain _____

Presently member of a fire department/law enforcement agency ○ **YES** ○ **NO**

Date Joined _____ **Rank** _____ **Years of Service** _____

Any physical limitations _____

Place of employment _____ **Occupation** _____

Able to leave employment for emergencies ○ **YES** ○ **NO**

Name _____ Date of Hire _____

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REFERENCES

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

EDUCATION

School Attended _____ Graduate ◯ YES ◯ NO

G.E.D. ◯ YES ◯ NO Issue Date _____ Issuing Agency _____

List any schools or seminars attended relating to fire or EMS service

_____

_____

_____

_____

Why do you want to be a member of the Sherwood Fire Department?

_____

_____

_____

_____

Name _____ Date of Hire_____

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Application for Emergency Medical Technician

APPLICANT RELEASE FORM

I, _____, presently residing at

_____

have applied for membership/employment with the *Sherwood Fire Department*. I have been advised and am fully aware that a representative of the Department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment/membership. I realize that in conducting this background investigation representatives will be making inquiries of: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or financial standing; present and previous employers; and other persons who may be able to provide information about me which the Department deems necessary.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Department. I further consent that the Chief of the Department or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to _____ or its designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Department to treat, at its discretion certain sources as confidential and its right to withhold them from me and/or my agent the names of such confidential sources, and information obtained therefrom.

_____ _____

Signature of Applicant **Date**

Authorized By _____

Title_____