

Application and Certifications Sheet

Applicant Name: _____

Membership Application (Date Received: ___/___/____)

- Fingerprints
- Service Agreement
- Medical Information Card
- Hepatitis B Vaccine (Record //or// Declination [Check One])
- W-9 Form
- Annual Medical Statement of Personnel
- DMV Record

Background Check Received (Date Received: ___/___/____)

Certification Information (Date Received: ___/___/____)

- CPR Card (AHA, ARC, Other: _____) EXP: ___/___
- ACLS Card (AHA, ARC, Other: _____) EXP: ___/___
- PALS Card (AHA, ARC, Other: _____) EXP: ___/___
- EVOC Card/ Certification (VDFP VAVRS Other : _____) EXP: ___/___
- EMT- Basic State: ___ #: _____ EXP: ___/___
- NREMT # _____ EXP: ___/___
- EMT-Advance State: ___ #: _____ EXP: ___/___
- NRAEMT # _____ EXP: ___/___
- EMT- Intermediate State: ___ #: _____ EXP: ___/___
- EMT- Paramedic State: ___ #: _____ EXP: ___/___
- NRP # _____ EXP: ___/___
- NIMS Certification ICS 100, ICS 200, ICS 700, ICS 800
- Other: (List all additional certifications below with expirations dates)

General Information Sheet

Applicant Name: _____

Email Address: _____@_____.com

Phone Number: (_____) _____ - _____

Interview (Date: ___/___/____ Interviewer: _____)

Mailed Background Check (Date: ___/___/____)

Orientation (Date: ___/___/____)

ID card Completed (Date: ___/___/____)

EMS Planner Set Up (Date: ___/___/____)

Image Trend Set Up (Date: ___/___/____)

Login: _____

Uniforms Given (Date: ___/___/____, distributed by: _____)

Shirts (QTY: ____, Color: _____, Size(s): ____, ____)

Pants (QTY: ____, Size (s): ____, ____) Referred to Uniforms Shop

Sweat Shirt (QTY: ____, Color: _____, Size(s): ____, ____)

Hat (Ball Cap, Beanie, Sun visor)

Jacket (Wind breaker, Rain Jacket, Winter Jacket)

Job Shirt (Size(s): ____, ____)

Completion of 90 days (Estimated Month: _____)

Date of Completion: ___/___/____

Extensions/ Delays: _____ (reason)

New date of release: ___/___/____