

IDENTIFICATION BADGE INFORMATION FORM

(Please print clearly – No Cursive)

Employing Department: _____ Hire Date: _____

Job Title: _____ Status: FT PT Volunteer

Full Name: _____ DOB: _____
 First Middle Initial Last

Personal Address: _____
 Street Address City State Zip

Contact Numbers: (H) _____ (M) _____ (W) _____

Emergency Contact: _____
 Name Relationship Phone #

Known Medical Conditions / Allergies: _____

THE FOLLOWING ONLY APPLIES TO EMS, FIRE AND LAW ENFORCEMENT PERSONNEL

Certifications (Circle all that apply)

Basic EMT Intermediate EMT Paramedic SC Certification # _____

Interior Fire Fighter Auto Extrication Hazmat Ops Hazmat Tech Dive Team

Confined Space Rescue Confined Space Ops Trench Rescue High Angle Rescue

LE1 LE2 LE3 DMT SMD (Radar / Lidar) SFST

FTO SRO Pepperball OC ASP Baton

Instructor Certifications: _____