


# STAFFORD TOWNSHIP EMS

MEMBERSHIP APPLICATION

Name		Date of Birth
Street Address		
City	State	Zip Code
Home Phone #	Work Phone #	
Social Security#	Email Address	
Driver's License #	Issuing State	Expiration Date
How Long Have You Been Driving? _____Years, _____Months		
Have You Ever Been In An Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:		
Have You Ever Been Convicted Of A Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:		
Are You A Resident Of Stafford? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, For How Long?		
Employer's Name _____		
Employer's Address	Employer's Phone#	
Do You Have Any Physical Limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:		
<i>EMS Experience (Previous Experience is Unnecessary)</i>		
Have you ever been a member of a Emergency Medical Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what was the name of the Organization?_____ When were you a member?_____		
Who can we speak to in that organization about your previous experience?_____		
What is their Phone Number?_____		
<i>EMS Education (Previous Education is Unnecessary, All Courses are Provided Free of Charge)</i>		
Professional Rescuer Cardiopulmonary Resuscitation (CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:		
Emergency Medical Technician <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> National Registry <input type="checkbox"/> New Jersey Expiration Date:		
List Other First Aid Courses Attended:		
<p>I hereby attest that all of the above information is true to the best of my knowledge and agree to any personal screening of my background and driving record through local, state, and federal authorities. I authorize the Stafford Township Emergency Medical Services to complete this background investigation. I agree that if any of the above information is found to be false, my application will be terminated immediately with no chance to reapply. I understand that Stafford Township Emergency Medical Services has the authority to investigate and accept or reject any or all statements presented above.</p>		
Applicant's Signature _____		
Date _____		