



# ANDERSON CREEK EMERGENCY SERVICES, Inc.

## Membership Application

**General & Personal Information**

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ U.S. Citizen? (Yes or No) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Highest Education Level: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Previous Experience**

Previous member of a Fire/ EMS Organization? (Yes or No) \_\_\_\_\_

If so, Please List Name & Location of Department(s) \_\_\_\_\_

Dates Affiliated: \_\_\_\_\_

Certifications Held: \_\_\_\_\_

**Emergency Information**

In case of Emergency, Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address & Phone Number: \_\_\_\_\_

Nearest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address & Phone Number: \_\_\_\_\_

**Personal Medical Information (Voluntary)**

Any Medical Alerts? \_\_\_\_\_ Allergies? \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**Personal References** (Include Name, Address & Phone Number of individuals NOT related to you that can verify your character)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Any Felony, DUI / DWI, or Drug Convictions? If Yes, Please list Conviction, State & Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Motor Vehicle Convictions (Last 5 Years) If yes, Please list Offense, State & Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I certify that the above listed information is true to the best of my knowledge. I understand that I may be denied membership if any of the above listed information is found to be false. I also understand that membership may be revoked at any time for infractions against, or failure to comply with, the departmental By-Laws & Standard Operating Guidelines. My signature below also serves as authorization for Anderson Creek Emergency Services, its officers or board members, to conduct a background check / investigation on me, based on the information provided.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_