



Upper Scioto Valley Ambulance District

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____, State _____ Zip Code: _____

Social Security No. _____ Driver's License No: _____

Township: _____ CPR Expiration: _____

Certification No: _____ Level of Certification: _____

Certification Expiration: _____

Previous EMS/Fire Departments: _____

Are you interested in: Full-Time or Part-Time

References: Please list those who are familiar with your character.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

3. Name: _____ Relationship: _____
Address: _____ Phone: _____

I, the undersigned, understand that:

- A. The information that I have provided may be verified by contacting persons or organizations named in this application and I hereby release and agree to hold harmless from liability any person or organization that provided information concerning me to the Upper Scioto Valley Ambulance District.
- B. In signing this application, I swear or affirm that the information that I have given herein is true and correct.
- C. I understand that if I am not active for one year on the Upper Scioto Valley Ambulance District EMS, that I will reimburse the district for all cost incurred for training, etc.
- D. If I leave Upper Scioto Valley Ambulance District, I will return any clothing and equipment allotted to me during my time with the district.

Signed: _____

Date: _____