

ANGLETON AREA EMERGENCY MEDICAL CORPS

P.O. Box 1420
Angleton, Texas 77516
Phone: 979.849.3547
Fax: 979.848.1851

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ Sex: _____ Marital Status: _____

Phone Numbers – Home: _____ Work: _____ Cell: _____

E-Mail Address: _____ TDL: _____

Please state briefly why you are applying for membership. _____

Qualifications:

Previous Emergency Service(s): _____

Current Level of Certification: _____

Do you have any medical condition (physical or mental) which would impair or prevent you from performing your duties? Yes _____ No _____ Explain: _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain: _____

Education:

Highest Grade Completed: _____ Degrees, if any: _____

Employment:

	Name and Address of Employers (3)	Dates of Employment	Reason for Leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of emergency, please notify:

Name Phone Number Relationship

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby request and authorize AAEMC to solicit from the individuals listed above/below, and/or the organizations they represent, any and all information AAEMC may require concerning my work record, educational history, convictions or felony and other crimes (except traffic violations), and past or present medical condition. This information will be used for the purpose of determining my eligibility for membership into AAEMC.

I hereby release and agree to hold harmless AAEMC, its directors, officers and members or their agents, and the individuals listed below and/or the organization which they may represent from any and all liabilities which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for membership.

I understand that I will be required to abide by all rules and regulations of AAEMC during both the probationary period and during membership. Any misrepresentation of information contained in the application is justification for my termination. I certify that the information set forth above is true and correct.

I also understand that I will be subject to a urine drug screen and alcohol screen prior to orientation and randomly during membership.

Signature of Applicant

Date

References: (No relatives please)

Name and Complete Address

Phone Number

1. _____
2. _____
3. _____

FOR AAEMC USE ONLY

Date Interviewed: _____ Comments: _____

Orientation Date: _____ Induction Date: _____