

Information Worksheet

Spouses Name _____

Children Names and DOB:

1. _____
Last First Middle

2. _____
Last First Middle

3. _____
Last First Middle

4. _____
Last First Middle

5. _____
Last First Middle

Education

High School Attended _____

City and State _____ Graduated year _____

College Attended _____

City and State _____ Graduated year _____

Special Qualifications

List any and all fire fighting experience and training. Note any certificates, Licensing authority and expiration dates _____

List any and all Ems experience and training. Note any certificates, licensing authority, and expiration dates _____

CPR: yes/no Expiration _____
ECA: yes/no Expiration _____
EMT: yes/no Expiration _____
EMT-I yes/no Expiration _____
Paramedic: yes/no Expiration _____

List any Other special Qualifications or skills

**Interest and
Hobbies**

References: List three people who know you well enough to provide current information about you. Do Not list Relatives or Former Employees.

Name _____ **Address** _____

Phone _____

Years Known _____

Name _____ **Address** _____

Phone _____ **Years**

Known _____

Name _____ **Address** _____

Phone _____

Years Known _____

Do Not Write On This Page

Committee of Inquiry Interviewed _____ **On** _____

Date

Location

The committee visited with the following household members: _____

Committee's findings and Recommendations: _____

Committee Members:

Member Personnel Data Worksheet

Name: _____
 Last **First** **Middle**

SS# _____

Gender ___ Height ___ Weight ___ Hair ___ Eye ___ DOB _____ Blood
Type _____

Physical Address _____

Mailing Address _____

Phone _____ Cell _____ Pager _____

Employer _____

Phone (work) _____ Occupation _____

Vehicle Tag # _____

Emergency Notify _____

Relationship _____

Spouse _____ DOB _____

Child 1. _____ DOB _____

Child 2. _____ DOB _____

Child 3. _____ DOB _____

Child 4. _____ DOB _____

Child 5. _____ DOB _____

Status _____ Station _____ Certification _____ CPR _____

ECA _____ EMT _____ EMT-I _____ EMT-P _____

Joined _____ Left _____ Locker # _____