

# Bartlett-Jackson Ambulance Service

## Member Application

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Mailing address \_\_\_\_\_ Telephone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

EMT / Advanced EMT / Paramedic  
CPR Expiration: \_\_\_\_\_ National Registry #: \_\_\_\_\_  
Please List All EMS Licenses/Certifications and Expiration dates: \_\_\_\_\_ National Registry Expiration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience:  
Employer Name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Please List 3 References:  
Name and Phone #: \_\_\_\_\_  
Name and Phone #: \_\_\_\_\_  
Name and Phone #: \_\_\_\_\_

List any other type of relevant trainings or skills that you have: \_\_\_\_\_  
\_\_\_\_\_

List relevant medical or emergency services experience that you have  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to submit and maintain certification of EMT/AEMT/NRP and CPR while a member of Bartlett-Jackson Ambulance Service and abide by the rules and regulations of the service.

Signature \_\_\_\_\_ Date \_\_\_\_\_