

# Union County Fire Department

## Employee Information Sheet

Employee Name: \_\_\_\_\_

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

GFSTC ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Level of Medical training: EMR: \_\_\_\_ EMT-B: \_\_\_\_ EMT-A: \_\_\_\_ Paramedic: \_\_\_\_

State EMS Numbers: \_\_\_\_\_ National Registry Numbers: \_\_\_\_\_

State Certified Firefighter: Yes / No State Certified FF Numbers: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_