

# NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT CLEARLY

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_

FIRE COMPANY \_\_\_\_\_  
QUALIFICATIONS  BASIC EMT  
(PRINTS ON BACK OF ID CARD)  
 ADVANCED EMT  
 CRITICAL CARE EMT  
 PARAMEDIC  
 ORIGIN & CAUSE TEAM  
 FIRE INVESTIGATOR  
 FIRE POLICE  
 DRIVER  
 CANINE  
Other  \_\_\_\_\_

GENDER  MALE  FEMALE    WEIGHT \_\_\_\_\_  
HEIGHT \_\_\_\_\_    BLOOD TYPE \_\_\_\_\_  
HAIR COLOR \_\_\_\_\_    EYE COLOR \_\_\_\_\_

COUNTY TEAMS  
 HAZARDOUS MATERIALS TEAM  
 TECHNICAL RESCUE TEAM  
 NIAGARA COUNTY FIRE POLICE TEAM

ALLERGIES  YES  NO  
(LIST BELOW)  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL HISTORY  DIABETIC  
 HIGH BLOOD PRESSURE  
 HEART  
 SEIZURES  
Other  \_\_\_\_\_

\*\*EMERGENCY CONTACT  
NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CHECK THE SKILLS THAT APPLY (TO BE FILLED OUT BY FIRE COMPANY CHIEF)

<input type="checkbox"/> EXTERIOR FIREFIGHTER	<input type="checkbox"/> EMS # _____
<input type="checkbox"/> INTERIOR FIREFIGHTER	<input type="checkbox"/> HAZMAT CERTIFIED
<input type="checkbox"/> JUNIOR FIREFIGHTER	<input type="checkbox"/> FIRE POLICE

(THIS WILL PUT THE STAR OF LIFE ON THE CARD)

NYS ID # \_\_\_\_\_

CHIEF'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CALL THE OFFICE FOR APPOINTMENT - WALK-INS ARE NOT ACCEPTABLE.  
p 438-3176 f 438-3173