

# 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**

(PRINTS ON THE BACK OF THE CARD)

- ☐ BASIC EMT  
☐ ADVANCED EMT  
☐ CRITICAL CARE EMT  
☐ PARAMEDIC  
☐ ORIGIN & CAUSE TEAM  
☐ FIRE INVESTIGATOR  
☐ FIRE POLICE  
☐ DRIVER  
☐ CANINE  
☐ OTHER \_\_\_\_\_

**COUNTY TEAMS**

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

- ☐ FIRE POLICE TEAM  
☐ FIRE INVESTIGATION TEAM  
☐ HAZARDOUS MATERIALS TEAM  
☐ TECH RESCUE TEAM

ALLERGIES ☐ YES ☐ NO  
(LIST BELOW)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

- ☐ DIABETIC  
☐ HIGH BLOOD PRESSURE  
☐ HEART  
☐ SEIZURES

**\*\*EMERGENCY CONTACT**

NAME \_\_\_\_\_

OTHER ☐ \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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

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

- ☐ EXTERIOR FIREFIGHTER  
☐ INTERIOR FIREFIGHTER  
☐ JUNIOR FIREFIGHTER

- ☐ EMS # \_\_\_\_\_  
(THIS WILL PUT THE STAR OF LIFE ON THE CARD)  
☐ HAZMAT CERTIFIED  
☐ FIRE POLICE

NYS ID # \_\_\_\_\_  
(REQUIRED)

CHIEF'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(REQUIRED)

PLEASE CALL THE OFFICE FOR APPOINTMENT – WALK-INS ARE NOT ACCEPTABLE. p: 438-3023 f: 438-3173