



Pickens County Emergency Management Identification Application

Date: _____

Full Name: _____
Last First Middle Initial Suffix

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Driver's License #: _____ DL State: _____

Organization: _____

Title: _____ Hire Date: _____

Qualifications / Training: _____

Hair Color: _____ Eye Color: _____ Gender: M F
Height: _____ Weight: _____ Organ Donor YES NO

Blood Type: _____ Allergies _____

Medications: _____

Medical History: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Pickens County is an equal opportunity provider and employer.