



# Pickens County Emergency Services Identification Application

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First Middle Initial Suffix*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Cell Phone Number: \_\_\_\_\_ Type of Mobile Device:

Cell Phone Provider: \_\_\_\_\_  
Apple Android Other

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

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_

Organization | Department | Special Team: \_\_\_\_\_

Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Status: Full Time  Part-Time  Volunteer

Qualifications / Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Organ Donor: YES  NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Are Emergency Contacts the same as Beneficiary? If "No" please fill out the information below:     Yes     No  
       

Beneficiary 1                      \_\_\_\_\_                      Phone: \_\_\_\_\_

Beneficiary 2                      \_\_\_\_\_                      Phone: \_\_\_\_\_

*I certify that my answers are true and complete to the best of knowledge. I give Pickens County personnel my permission to enter this information into the state credentialing system. I am also aware this information may be needed to give all reasonable treatment to me if I'm not capable of giving my permission.*

Applicant:

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

Department Head:

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

**OFFICE USE ONLY**

|            | <b>Date entered:</b> | <b>Date Removed:</b> |
|------------|----------------------|----------------------|
| Salamander |                      |                      |
|            | _____                |                      |
|            | Card ID #            |                      |
| Active 911 |                      |                      |
|            | _____                |                      |
|            | Active 911 Code      |                      |
| FirstNet   |                      |                      |
|            | _____                |                      |
|            | Phone Number         |                      |