



Kanabec County First Responder Team, Inc.

1. Full Name (Last, First, Middle)

2. Address (Street, City, State, Zip, Phone and Email Address)

2a. Years at residence. If less than 1 year, please provide previous address.

3. Date of Birth (this will be used for a background check)

4. Do you have a valid drivers licence?

5. What training in Emergency Medical Services (EMS) have you had or are you taking now?

6. Are you employed? If so, by whom?

7. Do you currently hold a valid First Responder card?

8. Do you have any physical limitations that might prevent you from performing this type of work?

9. Do you have a dependable vehicle?

10. Tell us about any experience you may have had with regards to EMS that you were a part of?

11. Why do you want to join our team?

12. What do you feel you'd be able to contribute to our team?

13. What education do you have?

Signature of Applicant

By signing you are giving KCFRT, Inc permission to obtain a background check on you.