



Winchester Fire and Rescue Department
DEPARTMENT PERSONNEL INFORMATION

Staff ID#

Office Use Only

PERSONAL DATA

Last Name				First Name				Middle Name				Suffix											
Street Address								City				State				Zip							
Phone Number (Best Contact)								Email Address								<input type="checkbox"/> Male				<input type="checkbox"/> Female			
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				Social Security Number				Date of Birth											
Membership Affiliation								<input type="text"/> / <input type="text"/> / <input type="text"/>				<input type="checkbox"/> Operational				<input type="checkbox"/> Administrative							
Membership Date				Operational				Administrative															

CERTIFICATION LEVELS (Check all that Apply)

<input type="checkbox"/> Probationary Firefighter	<input type="checkbox"/> CPR	<input type="checkbox"/> HM Awareness (State _____)
<input type="checkbox"/> Firefighter 1 (State _____)	<input type="checkbox"/> Basic First Aid	<input type="checkbox"/> HM Operations (State _____)
<input type="checkbox"/> Firefighter 2 (State _____)	<input type="checkbox"/> First Responder	<input type="checkbox"/> HM Technician (State _____)
<input type="checkbox"/> Fire Officer 1 (State _____)	<input type="checkbox"/> EMT-B (State _____)	<input type="checkbox"/> HM Chemistry (State _____)
<input type="checkbox"/> Fire Officer 2 (State _____)	<input type="checkbox"/> EMT-E (State _____)	<input type="checkbox"/> HM Specialist (State _____)
<input type="checkbox"/> Fire Officer 3 (State _____)	<input type="checkbox"/> EMT-I (State _____)	<input type="checkbox"/> HM Team Leader (State _____)
<input type="checkbox"/> Fire Officer 4 (State _____)	<input type="checkbox"/> EMT-P (State _____)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
<input type="checkbox"/> None	<input type="checkbox"/> None	

EMERGENCY CONTACTS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Phone#	Relationship

ALLERGIES and/or MEDICAL CONDITIONS



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Request for Medical Exam/Release of Information

Incumbent and Prospective Operational Members please read the following:

An operational member or designated station representative is responsible for contacting the fire and rescue administrative office within 30 days of making the conditional offer to membership to schedule a physical for a prospective operational member.

Members that terminate their membership or are terminated from the department will be obligated to repay the cost of the medical exam. This will be a pro-rated payment schedule; \$25.00 will be subtracted from the actual physical amount for each month of service.

Signature Date

Please list several dates of availability for your physical; you will need to allow 2 to 3 hours for the exam. You are required to fast for 8 hours, so appointments should be made in the morning.

Date Date Date

Any operational member who receives a physical through another physician may submit their physical results to the contracted medical physician for review. It will be at the physician's discretion whether to accept the submitted results in lieu of participating in the Winchester Fire and Rescue Department's medical examination.



AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a Criminal History record and/or Sex Offender and Crimes Against Minors and report the results of such search to the Winchester Fire and Rescue Department.

Signature of Person _____

State of _____; County/City of _____, to wit: Subscribed
and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

Signature of Notary _____