



CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

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WINFIELD, IL 60190

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PERSONNEL INFORMATION FORM

TYPE OF REQUEST: NEW / ADDITION UPDATE REMOVAL DATE OF REQUEST: ____/____/____

FOR NEW SYSTEM APPLICANTS, INCLUDE COPIES: ILLINOIS EMS LICENSE ILLINOIS DRIVER'S LICENSE AHA BLS CARD

DEMOGRAPHIC INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

LAST FOUR OF SOCIAL SECURITY NUMBER: XXX -- XX -- _____ DATE OF BIRTH: ____/____/____

STREET ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ COUNTY: _____

PRIMARY PHONE: ____ - ____ - _____ TYPE: CELL HOME WORK

EMAIL ADDRESS: _____ TYPE: PERSONAL WORK

EMS SYSTEM INFORMATION:

IDPH LICENSE NUMBER: _____ EXP. DATE: ____/____/____ INITIAL LICENSURE DATE: ____/____/____

LICENSE TYPE: EMT – BASIC EMT – PARAMEDIC ECRN PHRN EMD LEAD INSTRUCTOR

NATIONAL REGISTRY: YES NO REGISTRY NUMBER (IF APPLICABLE): _____ EXP. DATE: ____/____/____

CDHEMS SYSTEM AGENCY: _____ START DATE: ____/____/____

CURRENT EMS SYSTEM: _____ WHO WILL BE YOUR PRIMARY EMS SYSTEM? _____

BACKGROUND SCREENING QUESTIONS:

ANSWERING YES TO ANY OF THE BELOW QUESTIONS **REQUIRES** SUBMISSION OF DOCUMENTATION DETAILING THE OFFENSE AND OUTCOME. ANSWERING YES IS NOT AN IMMEDIATE DISQUALIFICATION TO PRACTICE; REVIEW AND DECISION WILL BE ON A CASE-BY-CASE BASIS.

HAVE YOU EVER BEEN CONVICTED OF ANY DISQUALIFYING OFFENSE AS LISTED IN THE ILLINOIS JOINT COMMITTEE ON ADMINISTRATIVE RULES, TITLE 77, CHAPTER I, SUBCHAPTER F, PART 515, SECTION 515.190? YES NO

REFERENCE: <http://ilga.gov/commission/icar/admincode/077/077005150A01900R.html>

HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN ANY EMS SYSTEM YOU HAVE WORKED IN? YES NO

HAS YOUR EMS LICENSE EVER BEEN SUSPENDED, REMOVED, OR REVOKED? YES NO

CERTIFICATION AND RELEASE OF INFORMATION STATEMENT:

BY SIGNING BELOW, I AGREE AND CERTIFY THAT ALL INFORMATION LISTED IN THIS DOCUMENT IS TRUE AND CURRENT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT WILLING FALSIFICATION, OMISSION, OR MISREPRESENTATION OF INFORMATION CONTAINED WITHIN THIS FORM SHALL BE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL FROM THE CENTRAL DUPAGE EMERGENCY MEDICAL SERVICES SYSTEM. ADDITIONALLY, MY SIGNATURE BELOW SHALL SERVE AS AUTHORIZATION FOR THE CENTRAL DUPAGE EMERGENCY MEDICAL SERVICES SYSTEM TO RELEASE INFORMATION REGARDING MY SYSTEM STATUS, TEST SCORES, CONTINUING EDUCATION RECORDS, AND LICENSURE TO MY CDHEMSS EMPLOYER(S).

SIGNATURE: _____ DATE: ____/____/____

****STOP** EMS PERSONNEL DO NOT COMPLETE FIELDS BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY!**

PROCESSED BY: _____ SIGNATURE: _____ DATE: ____/____/____

COPIES RECEIVED (IF APPLICABLE): ILLINOIS EMS LICENSE(S) AHA BLS CARD ILLINOIS DRIVER'S LICENSE LETTER OF GOOD STANDING
CE RECORDS (IF APPLICABLE) OTHER: _____ OTHER: _____

COMMENTS: _____

PERSONNEL INFORMATION FORM