



APPLICATION FOR ASSOCIATE MEMBERSHIP
(Please Print)

Name (Last, First, M.I.): _____

Address: _____

Social Security#: ____-____-____ D.O.B: ____/____/____ Sex: M/F

Daytime Phone: _____ Evening Phone: _____

e-mail address _____

Are you currently employed? Yes/No Occupation: _____

Current Employer: _____

Have you ever been arrested or convicted of a crime, or are you currently under any investigation for a crime? Yes/No

I hereby attest that all of the above statements are true and correct to the best of my knowledge, and understand that any intentional false statements will be just cause for immediate termination of my employment with Western Alliance Emergency Services, Inc. I agree to abide by all rules and regulations, and agree to read and abide by the Standard Operating Procedures set forth by Western Alliance Emergency Medical Services, Inc. I furthermore agree to keep all patient information confidential, and will maintain a neat and clean appearance in the performance of my duties, presenting a professional appearance.

Note: by affixing my signature, I furthermore authorize Western Alliance Emergency Medical Services, Inc. to request a Motor Vehicle Report (MVR) for purposes of determining my eligibility.

Signature: _____

Date: _____