



Pickens County Emergency Services Employee Information

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, the undersigned, acknowledge that during the course of my participation or performance of duties with Pickens County Emergency Services, hereby referred to as "county," I may receive personal, proprietary, or confidential information through various means, ie: electronic, visual or communicated. This information is prohibited from disclosure to others.

This information is not commonly available to the general public, or is required by law or regulated to be protected from disclosure to third parties not considered to be part of the county's "workforce" as that term is defined by federal and state health information privacy regulations as the Health Information Portability and Accountability Act.

I agree not to disclose or discuss this information unless required in the normal course of my official duties and/or compelled by the operation of law. I will maintain and protect the privacy of this information. I will not misuse or be careless with the information I obtain in my capacity with any division of Pickens County Emergency Services. I understand that any violation of this Agreement or the county's policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this Agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence with Pickens County.

I certify that my answers are true and complete to the best of knowledge. I give Pickens County personnel my permission to use this information for Active911, FirstNet, the state credentialing system and other job related functions. 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 Name: _____ Date: _____
(Please print)

Signature: _____ Date: _____

Department Head Name: _____ Date: _____
(Please print)

Signature: _____ Date: _____

OFFICE USE ONLY

	Date entered:	Date Removed:
Salamander		
	Card ID #	
Active 911		
	Active 911 Code	
FirstNet		
	Phone Number	