



# Genesee County R.A.C.E.S.

## Application/Background Check Form

(Please Print)

Call Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
First Middle Last  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver Lic#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**COPIES OF CERTIFICATES ATTACHED**  
 (\*Required)

\_\_\_\_\_ IS 100\*    \_\_\_\_\_ IS 200\*    \_\_\_\_\_ ICS 300    \_\_\_\_\_ ICS 400  
 \_\_\_\_\_ IS 700    \_\_\_\_\_ IS 800    \_\_\_\_\_ OTHER

Do you hold any Special Licenses/Certifications? RN    EMT    CDL    CPL    CPR

If CPL (Concealed Pistol License), CPL #: \_\_\_\_\_

Or Other Licenses: \_\_\_\_\_

Have you ever been convicted of a felony?                      Yes                      No

I hereby give consent to any authorized representative from the Office of Genesee County Sheriff to obtain information pertaining to law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses).

\_\_\_\_\_  
Signature Date

**EM Use Only**                       Approved                       Denied

\_\_\_\_\_  
Genesee County Emergency Management Date