

SGCAD EMPLOYEE INFORMATION SHEET

Name

Date of Hire

Address

Primary Phone #

City/State/Zip

Secondary phone #

E-Mail Address

Other contact information

Date of Birth

Social Security #

Emergency Contact

State License # / Expiration

Emergency Contact Relationship

National Registry / Expiration

Phone of Emergency Contact

CPR Expiration

ACLS Certification Date

Evoc Certification Date

PEPP Certification Date

Opticom

PALS Certification Date

EMT-B Course Completion Date

BTLS or ITLS Certification Date

EMT-I/P Course Completion Date

PHTLS Certification Date

IS 700

ATLS Certification Date

ICS 200

PAT Certification Date

EVOC Refresher Date

Hepatitis B Shot Immunization Date

EMT-B Refresher Date

****Please submit a copy of your licenses
& certifications to be kept on file.**

EMT-I/P Refresher Date