



# 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 \_\_\_\_\_

\_\_\_\_\_



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**

	<b>Date entered:</b>	<b>Date Removed:</b>
Salamander		
	Card ID #	
Active 911		
	Active 911 Code	
FirstNet		
	Phone Number	