



EMPLOYEE ID BADGE APPLICATION TOWN OF GRAY MAINE

CONTACT INFORMATION

Name			
Work Phone		Work Email Address	
Department/Office		Title/Position	

EMERGENCY CONTACT INFORMATION (ICE)

In case of emergency, please contact:

Name		Phone Number	
Relationship (optional)	<input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other _____		

PUBLIC SAFETY DEPT STAFF

Call Number		Red: <input type="checkbox"/> FF <input type="checkbox"/> FFII <input type="checkbox"/> Student <input type="checkbox"/> Other _____	
Rank		Blue: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Paramedic <input type="checkbox"/> Other _____	
		Yellow: <input type="checkbox"/> OPS <input type="checkbox"/> Tech <input type="checkbox"/> Other _____	
OPTIONAL	Height:	Weight:	BP:

ALLERGIES / ALERTS

List known allergies and/or medical alerts and notifications.

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SIGNATURE

Employee Name (please print)	
Signature	
Date	