34950

REGISTRATION FORM

Please complete the form below. Please use CAPITAL LETTERS ONLY with Black or Blue ink.

Course # _____ **Course Start Date** ___/___/___

Social Security # ___-___-____ **Date of Birth** ___/___/___

First Name _____ **M.I.** ___ **Last Name** _____ **Extension:** O Jr. O Sr. O III.

Home Street Address _____ **City** _____ **Apt #** _____

Home Phone Number ___-___-____ **Zip Code** _____-____

Work Phone Number ___-___-____

Jurisdiction Served
MCODE _____

Instructor #'s
1. _____ 2. _____ 3. _____

Sex	Ethnicity	Language	Education Level
O Male	O Black	O English	O Some High School
O Female	O Hispanic	O Spanish	O High School Grad
	O Asian	O Other	O Some College/Tech. Training
	O Caucasian		O College Tech. School Degree
	O Other		O Some Graduate Studies
			O Graduate Degree

E-mail _____ DFS or EMT # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever beeen ill or injured due to hazardous substances? O Yes O No
2. Are you enrolled in a medical surveillance program? O Yes O No
   If Yes
   - Have you had a baseline program? O Yes O No
   - Were the results explained to you? O Yes O No
   - Are you examined annually? O Yes O No
3. Has any employer provided you with other health and safety training within the last two years? O Yes O No
   If Yes
   - Did it cover your rights under Federal OSHA laws? O Yes O No
   - Did it cover your rights under State laws? O Yes O No

Fill in **ONLY ONE** primary and as many secondary positions thay apply

Emergency Service Positions

	Primary	Secondary
Fire fighter	O	O
Police	O	O
EMS/BLS	O	O
EMS/ALS	O	O
Doctor	O	O
Health officer	O	O
Hazmat team	O	O
Idust. fire brigade	O	O
Public works	O	O
Utility authority	O	O
Emergency mgmt.	O	O
NJDEP responder	O	O
Govt. official	O	O
Educator/trainer	O	O
Other public sector	O	O
Other private sector	O	O
R.N.	O	O
Physicians Asst.	O	O

Answer For Primary Position

O Volunteer
O Paid Part-Time O Public Sector
O Paid Full-Time O Private Sector