



55 South 500 East • Heber, Utah 84032 • Phone: 435-654-2700 • Fax: 435-654-2705

WASATCH COUNTY MEDICAL RESERVE CORPS APPLICATION

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (*if different than street address*): _____

City: _____ State: _____ Zip: _____

INFORMATION FOR BACKGROUND CHECK

Drivers License Number: _____ State: _____

Social Security Number: _____

EXPERIENCE AND QUALIFICATIONS

Occupation: _____

Medical Background (*please be specific*): _____

Certifications and Licenses (*specify state*): _____

Other Skills or Expertise (e.g., language, etc): _____

How Did You Learn About the Medical Reserve Corps?: _____

CONTACT INFORMATION

Please complete the following table by filling in your current contact information and identifying the order in which you prefer to be contacted by the Wasatch County Medical Reserve Corps.

Method of Contact	Contact Information	Order of Preference
Home Phone #		
Work Phone #		
Cell Phone #		
Fax		
Email		
Pager		

EMERGENCY DEPLOYMENT

Please select the appropriate box to indicate your deployment preference:

- I am willing to respond to public health emergencies in **Wasatch County** only.
- I am willing to respond to public health emergencies in **Wasatch County** and the **State of Utah** only.
- I am willing to respond to public health emergencies in **Wasatch County**, the **State of Utah**, and throughout the **United States**.

BACKGROUND CHECK WAIVER

Wasatch County
Qualifying Entity

55 South 500 East, Heber City, UT 84032
Address

In connection with my application for employment in a position which involves: (Check One)

- Feduciary Funds
- National Security
- Commissioner of Public Safety Approval
- Other statutory authority: **Wasatch County Medical Reserve Corps**

I hereby authorize the above named agency to review my past and present employment, and to conduct a criminal background check to ascertain any and all information which may be pertinent to my employment qualifications. I do hereby release all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

Prospective Employee Signature

Date

Agency Authorized Representative Signature

Date

Thank you for your interest in joining the Wasatch County Medical Reserve Corps!