

# FIRE

## Tuscarawas County Accountability Tags Application Form

Please Print

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color:    Blue        Brown        Green        Hazel

Hair Color:    Black     Blonde     Brown     Gray     Red     None

Blood Type:    A+     A-     B+     B-     AB+     AB-     O+     O-

Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please check all that apply:

Firefighter        EMT        Paramedic        Haz-Mat Team

Rank: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Forms can be returned to:  
Tuscarawas County Homeland Security & Emergency Management Agency  
2295 Reiser Avenue S.E.  
New Philadelphia, Ohio 44663  
330.308.6670  
Fax: 330.308.6675