



EMS Academy Application

Program Applied For: EMT AEMT

Student Information

First Name: _____ MI: _____ Last Name: _____
 Preferred Name: _____ Date of Birth: _____ / _____ / _____
 Street Address: _____
 City/State/Zip: _____
 Mailing Address (if different from above): _____
 City/State/Zip: _____
 Phone Number(s): H) _____ C) _____
 Email Address: _____

Education

Did you graduate high school or obtain your GED? Yes No
 Name of School: _____ Year Completed: _____

Have you attended any other vocational or training school, including college? Yes No
 If Yes, Please provide the following information.

1. School Name: _____ Graduate? Yes No
 Degree: _____ From _____ to _____

2. School Name: _____ Graduate? Yes No
 Degree: _____ From _____ to _____

Do you have any Military Experience? Yes No
 If yes, please provide the following information.
 Branch: _____ From: _____ to _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand false or misleading information in my application or interview may disqualify me from attending.

Signature: _____ Date: _____