



Emergency Medical Technician (EMT) Application

***** Non-Refundable Registration Fee \$150.00 *****

Enrollment Status: New Enrollment Readmission

Applicants Name:

Last First Middle

Home Address:

No. & Street City State Zip

Primary Phone: **Secondary Phone:**

Personal Email:

Gender: Male Female

Ethnicity: Asian Black/African descent East Indian Latino/Hispanic Middle Eastern
 Native American Pacific Islander White/Caucasian (non-Hispanic) Other:

Date of Birth: **Social Security #:**
MM/DD/YYYY

Level of Education Completed:

- General Education Diploma
- High School Diploma
- Some College
- Two Year Degree
- Four Year Degree

Citizenship:

- U.S. Citizen
- Permanent Resident
- Student Visa
- Other Click or tap here to enter text.

Have you Ever Been Convicted of a Felony? Yes No

If yes, please explain:

Student Program Objective: Job Related Personnel Enrichment

If job related, where do you currently work:

DOH:

Supervisors Name: **Phone Number:**

May we contact your Employer? Yes No

Are you currently part of a Fire Explorer or Cadet program? Yes No

If yes, with what department?

Have you ever previously attended EMT School? Yes No

If yes, where did you attend? *What year?*

Have you ever previously attended Fire School? Yes No **Certificate Obtained?** Yes No

If yes, where did you attend? *What year?*

Applicant Electronic Signature: **Date:**

If under 18 years of age, a Parent/Guardian Electronic Signature is REQUIRED.

Parent/Guardian Electronic Signature: **Date:**