



Please Choose One: [] Emergency Medical Technician
[] Paramedic
AS Degree [] Fire Science [] EMS

1. NAME: _____
Last First Middle

2. LOCAL ADDRESS: _____
No. & Street City State Zip

3. HOME PHONE: _____ CELL PHONE: _____
Area Code Area Code

4. E~MAIL: _____

5. DATE OF BIRTH: _____ 6. GENDER: Male [] Female []
Month Day Year

7. EDUCATIONAL LEVEL COMPLETED
___ General Education Diploma (GED)
___ High School Diploma
___ Some College
___ Two Year Degree
___ Bachelors Degree
___ Masters Degree
___ Doctorate

8. CITIZENSHIP
___ U.S. Citizen
___ Permanent Resident Alien
___ M- Visa Student
___ Other
My Home County is _____

9. ENROLLMENT STATUS
___ Readmission
___ New Student

STUDENT PROGRAM OBJECTIVE
___ Job- Related
___ Personal Enrichment

11. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
___ Yes
___ No

12. ARE YOU FIRE CERTIFIED? _____ EMT CERTIFIED? _____
Yes No Yes No
PARAMEDIC CERTIFIED? _____
Yes No

13. HAVE YOU EVER WORKED FOR EMS/FIRE SERVICE? _____ If yes, In what
Yes No capacity? _____

14. WHAT IS YOUR PRESENT EMPLOYMENT? _____

15. HAVE YOU ATTENDED ANY OTHER COLLEGE/INSTITUTIONS THAT CREDITS
COULD BE TRANSFERRED FROM _____

SIGNATURE _____ DATE _____