



1764 N. Congress Avenue
West Palm Beach, FL 33409
561 586-0121 Office
561 471-4010 Fax

APPLICATION

Application Fee \$ 75.00

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

1. NAME: Last First Middle

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

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

4. Social Security #: Email:

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

7. EDUCATIONAL LEVEL COMPLETED
General Education Diploma
High School Diploma
HS Name & State
Some College
Two Year Degree
Bachelors Degree
Other

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

9. ENROLLMENT STATUS
Readmission
New Student

10. STUDENT PROGRAM OBJECTIVE
Job- Related
Personal Enrichment

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

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

13. HAVE YOU EVER WORKED FOR EMS/FIRE SERVICE? Yes / No

If yes, in what capacity?

14. WHAT IS YOUR PRESENT EMPLOYMENT?

15. WHAT IS YOUR DATE OF HIRE?

16. WHAT OTHER COLLEGE/INSTITUTIONS HAVE YOU ATTENDED

SIGNATURE DATE