



# Application for EMS Education

Type of Class:  CEU  EMR  EMT-B

## PERSONAL INFORMATION

Full Name (legal):		
Current Address:		
City:	State:	Zip Code:
Home Telephone:	Cell Phone:	Alternate Telephone:
Social Security Number:	Date of Birth:	Age:
E-mail Address: (required, please print clearly)		
Please circle your shirt size (polo shirt)      XS   S   M   L   XL   XXL   XXXL   Other: _____		
Are you: <input type="checkbox"/> a U.S. Citizen <input type="checkbox"/> Legally able to work in the U.S.?		

## IN CASE OF EMERGENCY NOTIFY

1. Name:		Relationship:	
Address:	City:	State:	Zip:
Home Telephone:	Cell Phone:	Alternate Telephone:	
2. Name:		Relationship:	
Address:	City:	State:	Zip:
Home Telephone:	Cell Phone:	Alternate Telephone:	

## EDUCATION INFORMATION

Total Number of School Years: _____
Elementary School Attended: _____
Middle School Attended: _____
High School: _____ Year Graduated: _____
College or Trade School: _____
Additional Training: _____

**DRIVING EXPERIENCE**

Do you have a valid driver's license?  Yes  No Class

Can you travel if a job requires it?  Yes  No

State DMV licensed?  Yes  No State: License Number:

Have you ever driven an emergency vehicle?  Yes  No

If yes, what type and for how long?

List most recent traffic offense citation, including: date, place, and disposition

List any accidents for which you were cited in the last 5 years

Has your license ever been suspended or revoked?  Yes  No

If so, when and what for?

Have you attended a VFIS Emergency Vehicle Operator's Course with Osage Ambulance District?  Yes  No

If yes: Date of Course: Instructor(s):

**EMPLOYMENT**

1. Name of Employer:

Type of Business: Department: Your Position:

Business Address Phone Number: Shift:

2. Name of Employer:

Type of Business: Department: Your Position:

Business Address Phone Number: Shift:

**REFERENCES (Please do not list relatives)**

Name	Occupation	Phone Number

**OTHER**

Please write a brief paragraph explaining why you would like to attend this class with Osage Ambulance District.

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Signature

Date