

# SOUTH METRO FIRE DISTRICT

## Firefighter I/II & Emergency Medical Technician Academy

### Student Application

Name: _____	Phone (Home) _____
Address _____	Phone (Cell) _____
_____	
Emergency Contact Name and Phone Number _____	
S.S # _____	E-mail _____

Please indicate what class you are applying for:

\_\_\_\_\_ EMT-Basic      \_\_\_\_\_ Firefighter I/II

Previous Training:

Please list all medical training below. Copies of EMT and CPR cards and other relevant certifications must accompany this application.

Course	Expires	Location
CPR	_____	_____
EMT	_____	_____

**EMS or Fire Service Experience:**

\_\_\_\_\_

**Service**

\_\_\_\_\_

**Location**

\_\_\_\_\_

**Length of Service**

\_\_\_\_\_

**Service**

\_\_\_\_\_

**Location**

\_\_\_\_\_

**Length of Service**

Are you a Veteran of the United States Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_

If you are a Veteran, you may be covered by the Montgomery G.I. Bill. Please submit a copy of your DD214 with this application.

I attest that the above application information is truthful and accurate. I also understand that in order to successfully complete any academy course, I must attend both lecture and practical sessions if applicable. I must demonstrate both an understanding of the material and the ability to perform the practical skills, and satisfactorily meet other testing and course requirements as dictated by the course. I understand that strict academic honesty, respect of patient confidentiality and professional conduct is expected at all times, and that cheating or conduct detrimental to the course of instruction will be grounds for dismissal from the course.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Deposit Submitted \_\_\_\_\_ Veteran \_\_\_\_\_

DD214 Received \_\_\_\_\_ Shot Record Received \_\_\_\_\_