

SOUTH METRO EMERGENCY SERVICES ACADEMY

Student Application



INDICATE COURSE APPLYING FOR: EMT- BASIC _____ FIREFIGHTER I & II _____

APPLICANT INFORMATION

LAST NAME	FIRST	M.I.	DATE
STREET ADDRESS			APARTMENT / UNIT #
CITY	STATE	ZIP	
PHONE	E-MAIL ADDRESS		
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
EMERGENCY CONTACT: NAME / NUMBER			
Are you 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, when DATE:
Have you previously taken a course at South Metro previously?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

HIGH SCHOOL	CITY / STATE
From _____ To _____	Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/> Degree _____
COLLEGE	CITY / STATE
From _____ To _____	Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/> Degree _____

OTHER CERTIFICATIONS

CPR-Provider	YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINING ENTITY & EXPIRATION DATE
EMT- BASIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINING ENTITY & EXPIRATION DATE
PARAMEDIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINING ENTITY & EXPIRATION DATE
Haz-Mat Awareness	YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINING ENTITY & CLASS DATE
Haz-Mat Operations	YES <input type="checkbox"/> NO <input type="checkbox"/>	TRAINING ENTITY & CLASS DATE

MILITARY SERVICE

Branch	From _____ To _____
Rank at Discharge	Type of Discharge
If other than honorable, explain	

FIRE OR EMS EXPERIENCE

SERVICE

LENGTH OF SERVICE

SERVICE

LENGTH OF SERVICE

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to placement in the training course, I understand that false or misleading information in my application may result in my release from the program.

I understand that selection for this training program and/or successful completion of this program does not constitute any contract for or promise of future employment with the South Metro Fire District.

Signature

Date

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

BY: _____

DEPOSIT SUBMITTED

DATE: _____

AMOUNT: _____