

# WOLFFORTH FIRE & EMS

## - EMT BASIC ACADEMY APPLICATION -

### PERSONAL INFORMATION

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ DL #: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status:  Married  Single Mailing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Previous Address (if less than 3yrs.): \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT

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Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

### EDUCATION/CERTIFICATION

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Do you have a high school diploma or GED?  Yes  No

Do you have a current AHA BLS Card?  Yes  No If Yes/Expiration Date: \_\_\_\_\_

### CRIMINAL HISTORY/DRIVING RECORD

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Have you ever been charged/convicted of DWI/DUI?  Yes  No

Have you ever been charged/convicted of a misdemeanor (Class A or Class B)?  Yes  No

Have you ever been charged/convicted of a felony?  Yes  No

If you answered "yes" to any of the previous questions, enclose details below:

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### EMERGENCY CONTACT INFORMATION

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Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby affirm that the above information is true and accurate to the best of my knowledge. I understand that Wolfforth Fire & EMS has the right to verify all information. Any false information may lead to my application being denied or my removal from class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_