

Seven Mountains EMS Council  
EMT-B Instructor Training  
Course application  
May be duplicated as needed  
**RETURN BY NO LATER THAN 1-4-2010**

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ EMT/EMT-P # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

College:

Attended ( ) Associate ( ) BS / BA ( ) MS ( ) PhD ( )

**EMS INFORMATION:**

Certifications Held:

Prior Teaching Experience:

**AFFILIATION:**

Primary Affiliate \_\_\_\_\_ Years involved: \_\_\_\_\_

Affiliate Work Status Volunteer ( ) Partial paid ( ) Fully Paid ( )

Supervisor/Captain: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Name: \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

Page 3

**CRIMINAL HISTORY RECORD**

Have you ever been convicted of a misdemeanor or felony?

No (    )    Yes (    )

**AFFIRMATION**

I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on the application may be grounds for dismissal.

I authorize investigation of all statements contained herein and further authorize the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if accepted, my enrollment may be terminated according to established course requirements.

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

**Other information you wish to supply in support of this application:**