



**IV. Emergency Contact Information**

---

Last Name	First	Relationship to student
City	State	Zip
Primary Phone Number	Primary Email Address	

**V. Education Information**

---

High School	City	State	GPA	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City	State	GPA	Degree Earned	
College	City	State	GPA	Degree Earned	

**VI. Criminal Background**

Have you ever been convicted of a felony:  Yes  No

If yes to either above, please explain:

---

---

Initial \_\_\_\_\_

**VII. Employment Information**

List all employment experience **beginning with current positions** including military and volunteer services. Attach additional sheets as needed.

---

Company Name	Supervisor Name	Phone
--------------	-----------------	-------

---

Job title	Dates of employment
-----------	---------------------

---

Company Name	Supervisor Name	Phone
--------------	-----------------	-------

---

Job title	Dates of employment
-----------	---------------------

**VIII. Personal References**

List two personal reference that we may contact regarding your background. List two people who are NOT related to you.

---

Last Name	First	Email
-----------	-------	-------

---

Relationship	Phone
--------------	-------

---

Last Name	First	Email
-----------	-------	-------

---

Relationship	Phone
--------------	-------

Initial \_\_\_\_\_

**IX. Essay**

**Please explain why you want to be an EMT:**

(Be specific and please print legibly. You will be evaluated on grammar and spelling.)

---

---

---

---

---

---

---

---

---

---

**X. Verification**

**I hereby affirm and declare that the information provided in this application is true and correct to the best of my knowledge and that any fraudulent entry may be considered sufficient cause for rejection from this program. I agree to abide by the Respond Right EMS Academy rules, regulations, policies and guidelines as well as the directions of the Program Director.**

---

Applicant Signature Date

STATE OF MISSOURI)  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

*CHANGE HAPPENS QUICK. STAY IN THE KNOW...*

Effective 2/8/2018