

RANDOLPH COUNTY EMS EMT ACADEMY APPLICATION

NAME: _____

BIRTHDAY: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

WHY DO YOU WANT TO BECOME AN EMERGENCY MEDICAL TECHNICIAN?

ARE YOU WILLING TO SIGN A WORK CONTRACT, AGREEING TO WORK FOR RANDOLPH COUNTY EMS FOR AT LEAST A TWO-YEAR PERIOD (PART OR FULL TIME)?

DO YOU HAVE ANY BACKGROUND IN THE MEDICAL FIELD? IF SO, PLEASE EXPLAIN

WHY DO YOU FEEL YOU SHOULD BE CHOSEN TO JOIN OUR ACADEMY?

CLASSES MAY INCLUDE WEEKENDS AND/OR EVENINGS. WILL YOU BE ABLE TO ATTEND? YOU CAN ONLY MISS ONE CLASS DURING THE ACADEMY.

SIGNATURE: _____ DATE: _____