

# Kentucky Community and Technical College System State Fire Rescue Training



## Application for Admission to **EMT-BASIC** Course

Please **PRINT** or **TYPE** all information clearly.

NAME \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: M F  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MAILING STREET OR PO BOX CITY STATE ZIP CODE

HOME PHONE(\_\_\_\_) \_\_\_\_\_ CELL-PAGER#(\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

PRIMARY OCCUPATION \_\_\_\_\_ YEARS SERVICE \_\_\_\_\_

Citizenship status:  USA  Naturalized  Alien (Temp)  Alien (Permanent)  
If not US Citizen, VISA type? \_\_\_\_\_

HIGH SCHOOL COMPLETED \_\_\_\_\_  
NAME CITY STATE

DID YOU GRADUATE? \_\_\_\_\_ (Enclose copies of Diploma or GED)

Graduation Date (Month/Year) or GED Completion Date: \_\_\_\_\_

COLLEGE/TECHNICAL SCHOOL \_\_\_\_\_  
NAME CITY STATE

DID YOU GRADUATE? \_\_\_\_\_ DIPLOMA/DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_ HRS \_\_\_\_\_

OTHER EDUCATION \_\_\_\_\_

*Do to the nature of EMT work, the following questions MUST be answered. Yes answers will not disqualify admission. However, convictions may prohibit you from certifying as an EMT upon completion of the class.  
(All applicants, by regulation, must have a background check filed with the Ky Board of EMS by the educational institution)*

Have you ever been certified as an EMT or Paramedic or equivalent in KY? \_\_\_\_\_ Another State? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever been convicted of a crime or multiple traffic offenses in KY? \_\_\_\_\_ Another State? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Briefly explain why you are interested in taking this course \_\_\_\_\_

Are you currently affiliated with an EMERGENCY AGENCY? Yes No Length of service? \_\_\_\_ yrs  
Name of service \_\_\_\_\_ Supervisor \_\_\_\_\_ Paid \_\_\_\_\_ Vol \_\_\_\_\_

(Emergency agency may be EMS, Hospital, Fire Dept, Police Dept, or Rescue Squad)

*I hereby certify that the information provided on this application is TRUE and CORRECT to the best of my knowledge and I understand that falsification of any information to obtain training and or certification can cause my denial to the course, discharge from the course, or loss of certification without the reimbursement of fees, tuition, etc.*

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### Optional Information:

If not a US Citizen, what is your country of origin? \_\_\_\_\_

Predominant Ethnic Background  White  Hispanic  African American  Native American  Asian/Pacific Islander