

# ***LIFE EMS ACADEMY***

## ***STUDENT APPLICATION***

### **STUDENT INFORMATION**

STUDENT NAME:

ADDRESS, CITY, ST & ZIP CODE:

TELEPHONE (HOME):

TELEPHONE (CELL):

EMAIL ADDRESS:

WOULD YOU LIKE TO BE ADDED TO MAILING LIST TO RECEIVE UPDATES ON CLASSES BEING HELD?

SOCIAL SECURITY:

DATE OF BIRTH:

EMERGENCY CONTACT:

RELATIONSHIP:

TELEPHONE:

HAVE YOU EVER APPLIED FOR OR ATTENDED LIFE EMS ACADEMY?

IF SO, WHEN:

LAST HIGH SCHOOL ATTENDED:

LOCATION (CITY,ST):

DID YOU GRADUATE?

☐ YES

☐ GED?

☐ NO

YEAR?

HOW DID YOU LEARN ABOUT THE EMS PROGRAM?

☐ LIFE AMBULANCE EMPLOYEE

☐ HIGH SCHOOL COUNSELOR, TEACHER OR PRINCIPAL

☐ JOB FAIR

☐ WEBSITE

☐ FROM A STUDENT

☐ OTHER (PLEASE EXPLAIN):

WHY DID YOU CHOOSE TO ATTEND LIFE EMS ACADEMY? (CHECK ALL THAT APPLY)

☐ LOW COST OF ATTENDING

☐ ADVICE OF PARENTS/RELATIVES

☐ OFFERED THE COURSE NEEDED

☐ ABILITY TO WORK WHILE ATTENDING

☐ ADVICE OF SCHOOL PERSONNEL

☐ GOOD REPUTATION

☐ PERSONAL SUCCESS

☐ CONVENIENT LOCATION

☐ WANTED TO BE WITH FRIENDS

## **PROGRAM INFORMATION**

PROGRAM YOU ARE ENROLLING IN:

DO YOU HAVE ALL PREREQUISITES? (IF ANY)

## **PERSONAL REFERENCES:**

NAME:

HOME PHONE:

ADDRESS:

CELLPHONE:

RELATIONSHIP:

NAME:

HOME PHONE:

ADDRESS:

CELLPHONE:

RELATIONSHIP:

NAME:

HOME PHONE:

ADDRESS:

CELLPHONE:

RELATIONSHIP:

## **EMPLOYMENT HISTORY:**

THIS INFORMATION WILL BE THE OFFICIAL RECORD OF YOUR EMPLOYMENT HISTORY AND MUST ACCURATELY REFLECT ALL SIGNIFICANT DUTIES PERFORMED. SUMMARIES OF EXPERIENCES SHOULD CLEARLY DESCRIBE YOUR QUALIFICATIONS.

1. BEGIN WITH YOUR CURRENT OR LAST POSITION AND WORK BACK YOUR LAST TWO POSITIONS.
2. EMPLOYMENT HISTORY SHOULD INCLUDE EACH POSITION HELD, EVEN THOSE WITH SAME EMPLOYER.
3. GIVE A BRIEF SUMMARY OF THE TECHNICAL AND, IF APPROPRIATE, THE NUMBER OF EMPLOYEES YOU SUPERVISED.

POSITION TITLE:

SUPERVISOR:

EMPLOYER:

ADDRESS:

TELEPHONE:

BEGIN DATE:

END DATE:

TYPE OF POSITION:

SUMMARY OF EXPERIENCE:

REASON FOR LEAVING:

POSITION TITLE:

SUPERVISOR:

EMPLOYER:

ADDRESS:

TELEPHONE:

BEGIN DATE:

END DATE:

TYPE OF POSITION:

SUMMARY OF EXPERIENCE:

REASON FOR LEAVING:

POSITION TITLE:

SUPERVISOR:

EMPLOYER:

ADDRESS:

TELEPHONE:

BEGIN DATE:

END DATE:

TYPE OF POSITION:

SUMMARY OF EXPERIENCE:

REASON FOR LEAVING:

POSITION TITLE:

SUPERVISOR:

EMPLOYER:

ADDRESS:

TELEPHONE:

BEGIN DATE:

END DATE:

TYPE OF POSITION:

SUMMARY OF EXPERIENCE:

REASON FOR LEAVING:



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED AND INITIALING EACH ONE.

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN CONNECTION WITH MY APPLICATION, WHETHER ON THIS DOCUMENT OR NOT, IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION SHALL BE GROUNDS FOR DISMISSAL

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I UNDERSTAND THAT AS A CONDITION OF ENROLLMENT, I WILL BE REQUIRED TO PROVIDE LEGAL PROOF OF AUTHORIZATION TO WORK IN THE U.S.

\_\_\_\_\_

I UNDERSTAND THAT LIFE EMS ACADEMY MAY CHECK WITH TEXAS DEPARTMENT OF PUBLIC SAFETY AND/OR THE FEDERAL BUREAU OF INVESTIGATION FOR ANY DRIVING/CRIMINAL HISTORY IN ACCORDANCE WITH APPLICABLE STUDENTS.

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I UNDERSTAND THAT I AM EXPECTED TO PARTICIPATE AND SUCCESSFULLY PASS ANY AND ALL DRUG SCREENINGS, PHYSICAL EXAMINATIONS, PHYSICAL AGILITY COURSES AND/OR WRITTEN EXAMS AS REQUIRED.

\_\_\_\_\_

I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, AND I RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.

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I UNDERSTAND THAT IF I DECIDE TO NOT ATTEND LIFE EMS ACADEMY, A REFUND IS ONLY PROVIDED IF IT IS DONE BEFORE THE FIRST DAY OF CLASS. THE BOOK FEES WILL BE DEDUCTED FROM ANY REFUND.

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I UNDERSTAND THE THE START DATE OF THE PROGRAM MAY BE DELAYED DUE TO ENROLLMENT, EACH CLASS IS REQUIRED TO HAVE A MINIMUM OF 20 STUDENTS.

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I UNDERSTAND THE SCHOOL MAY TERMINATE MY ENROLLMENT IF I FAIL TO COMPLY WITH ATTENDANCE, ACADEMIC AND FINANCIAL REQUIREMENTS OR IF I FAIL TO ABIDE BY ESTABLISHED STANDARDS OF CONDUCT, AS DESCRIBED IN THE POLICIES AND PROCEDURES. WHILE ENROLLED IN THE SCHOOL, I UNDERSTAND THAT I MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AS IN THE POLICIES AND PROCEDURES AND THAT MY FINANCIAL OBLIGATION TO THE SCHOOL MUST BE PAID IN FULL BEFORE CERTIFICATION IS AWARDED.

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SIGNATURE:

Submit by Email