



3876 W. Country Hill Dr., Lecanto, FL 34461

Tel: 352-249-4700

Fax: 352-249-4701

E-mail: www.naturecoastems.org

EMT Basic Program Application

STUDENT INFORMATION

Full Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Email Address: _____

Mobile: _____

Current Employer: _____ Phone: _____

Alternative Contact: Name _____ Relationship: _____

Alternative Contact Phone: _____

Date of Birth: _____ Age: _____ Category: 16-17 ___ 18-25 ___ 26-44 ___ 45-99 ___

Race: _____

Course Information

Course Title: EMT Basic Course No: _____

Start Date: Please call for next start date

Tuition Amount: \$2,315.00

Nature Coast EMS will provide two polo shirts.

Circle Male/Female

Circle Size: S – M – L – XL – XXL - XXL



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____, understand that in conjunction with my application for employment with *Nature Coast EMI*, that the Company will use the services of an outside agency to research and verify the information I have provided on my resume and/or application for employment including my personal background, character, professional standing, work history and qualifications. *Nature Coast EMI* uses a background screening company as an agent to perform these background verifications and this agency will provide a report to *Nature Coast EMI*.

I also understand that *Nature Coast EMI* and the background company will utilize various sources of information they deem appropriate, including but not limited to: Department of Motor Vehicle records, credit reporting agencies, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references.

I hereby grant *Nature Coast EMI* and its agents permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless *Nature Coast EMI*, *Professional Screening Services*, and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me.

Signed

Date

Printed Name

EMT Basic
Position Applied For

_____-_____-_____
Social Security Number

Date of Birth

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Use back if necessary)

Current
Residence: _____
Street Apt.# City State Zip # Yrs

Former
Residence: _____
Street Apt.# City State Zip # Yrs

Former
Residence: _____
Street Apt.# City State Zip # Yrs

Former
Residence: _____
Street Apt.# City State Zip # Yrs