



**Oak Hill Hospital**

TOGETHER, PERFORMING AT A HIGHER STANDARD®



# OAK HILL HOSPITAL/ NATURE COAST EMERGENCY MEDICAL INSTITUTE CONSORTIUM FOR PARAMEDIC EDUCATION

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

## *Paramedic* 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Course Information

Course Title: Paramedic Course No.: PM2017

Start Date: Please call for start date 12 month program

Total Costs: \$6470.00

T-Shirt Size:

Circle Male/Female

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



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## REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_, understand that in conjunction with my application for admission to Nature Coast Emergency Medical Institute, that the Company will use the services of an outside agency to research and verify the information I have provided on my application 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

\_\_\_\_\_  
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