

**OTSEGO COUNTY EMS PROGRAM APPLICATION**

**CHECK PROGRAM:** EMT-B \_\_\_ MFR \_\_\_ RESCUE \_\_\_  
CPR \_\_\_ FIRST AID \_\_\_ CPR/FIRST AID \_\_\_ OTHER \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
                    First                                      Middle                                      Last

**AGE:** \_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SEX:** M \_\_\_ F \_\_\_ **SS#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
                                    Street                                      City                                      State                                      Zip

**TELEPHONE:** \_\_\_\_\_  
                                    Home                                      Cell                                      E-mail

**EMERGENCY CONTACT:** \_\_\_\_\_  
                                    Name                                      Relationship                                      Phone

**EDUCATION:**      **HIGH SCHOOL**                      **COLLEGE**                      **MILITARY**                      **OTHER**  
**SCHOOL:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**DATES:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**SPECIAL STUDY:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**DEGREE:**                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**SKILLS, LICENSE, CERTIFICATIONS, DEGREES RELATED TO EMS**

<u>LICENSE</u>	<u>EMPLOYER</u>	<u>LOCATION</u>	<u>SUPERVISOR</u>	<u>DATES</u>	<u>PHONE</u>

**OUTLINE CAREER GOALS AND WHY YOU HAVE CHOSEN TO TAKE THIS PROGRAM:** \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE ANY PHYSICAL, EMOTIONAL, MEDICAL, OR PERSONAL CONDITIONS THAT WOULD:**

- 1. PREVENT YOU FROM COMPLETEING ANY COURSE REQUIREMENTS?      **YES** \_\_\_ **NO** \_\_\_
- 2. JEOPARDIZE PATIENT HEALTH OR SAFETY?                                      **YES** \_\_\_ **NO** \_\_\_
- 3. JEOPARDIZE YOUR OWN HEALTH OR SAFETY?                                      **YES** \_\_\_ **NO** \_\_\_

**IF YES PLEASE EXPLAIN.**

\_\_\_\_\_  
\_\_\_\_\_

**CHECK IF YOU HAVE HAD THE FOLLOWING IMMUNIZATIONS AND PROVIDE A COPY OF PROOF.**

**HEP-B** \_\_\_ **MMR** \_\_\_ **T. B.** \_\_\_ **VARICELLA** \_\_\_ **T-dap** \_\_\_ **INFLUENZA (seasonal flu)** \_\_\_

\*\* Disclaimer notice; Please be advised; If applicant has ever been charged or convicted of a felony they may not be eligible to take the National Registry exam, or be licensed in the State of Michigan. The State of Michigan does legal background checks on all applicants before issuing licenses.

RETURN APPLICATION TO:  
**OTSEGO COUNTY EMS**  
**P. O. BOX 642**  
**GAYLORD, MI. 49734**  
**PHONE: (989) 732-9085 FAX: (989) 732-9497**