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***STUDENT APPLICATION***

***Please complete the following form and either mail to 630 Randolph Street or bring to the Business Office in the Danville Area Training Center. Please use black or blue ink.***

1. Full Name: Click or tap here to enter text.

Nick Name: Click or tap here to enter text.

2. Date of Birth (00/00/00): Month/Day/Year SSN Click or tap here to enter text.

3. Address: Click or tap here to enter text.

4. Phone: (Home) Click or tap here to enter text. (Work) Click or tap here to enter text.

(Cell) Click or tap here to enter text. Cell Carrier: Click or tap here to enter text.

5. Email: Click or tap here to enter text.

6. Normal Working Hours: Click or tap here to enter text.

7. Do you have a valid driver’s license?

(A)  Yes  No

(B) What State? Click or tap here to enter text.

(C) License Number: Click or tap here to enter text.

8. Military Record: *(If your answer to question “A” is negative, you may omit the rest of this section on military)*

(A) Have you ever served on active duty in the armed services of the United States?

Yes  No

(B) What Branch? Click or tap here to enter text.

(C) Dates of Service:Click or tap here to enter text.

(D) Serial Number: Click or tap here to enter text.

(E) Are you now a member of The Reserves or National Guard  Yes  No

(F) If in the Guard, who is your Lieutenant in charge? Click or tap here to enter text.

9. Have you ever been arrested or charged by summons or otherwise with any law violations as an adult? If so, list incidents below. *(Do not include parking tickets).*

Date Place Charge Disposition Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Place | Charge | Disposition | Details |
| Date | Place | Charge | Disposition | Details |
| Date | Place | Charge | Disposition | Details |
| Date | Place | Charge | Disposition | Details |
| Date | Place | Charge | Disposition | Details |

10. Would you consent to random drug testing?  Yes  No

11. Make/Model of your automobile: Click or tap here to enter text.

12. Previous medical training:

CPR Click or tap here to enter text. EMT (Level) Click or tap here to enter text.

EVOC Click or tap here to enter text. Vehicle Extrication Click or tap here to enter text.

Other Certifications: Click or tap here to enter text.

13. Emergency Contacts:

Name Click or tap here to enter text. Relation Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Address Click or tap here to enter text.

Name Click or tap here to enter text. Relation Click or tap here to enter text.

Phone Number Click or tap here to enter text.

Address Click or tap here to enter text.

1. Please list any known allergies or medical history that could affect your performance:

Click or tap here to enter text.

1. This Academy requires participants to wear special clothing to participate. Please fill in the blanks as accurately as possible to ensure proper fit of gear.

Height feet ft. inches in. Weight weight lbs.

Pant Size size T-Shirt Size size

16. Before any person is selected for membership in the Rescue Academy, all statements made in this application are thoroughly investigated. You may use the space below to explain any irregularities that may be disclosed by our investigation.

Click or tap here to enter text.

I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that this form is an application for the Rescue Academy and the contents are held in strict confidence. I further understand that this application is intended to provide adequate background and reference information to the Academy committee.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

**After completing this form *either mail to 630 Randolph Street or***

***bring to the Business office in the Danville Area Training Center.***

***Thank you for your interest***