



Advanced EMT STUDENT APPLICATION

*Please complete the following form and email to
aemtclass@datc.training by January 10, 2025.*

1. Full Name: _____
Nick Name: _____
2. Date of Birth (00/00/00): _____ SSN _____
3. Address: _____
4. Phone: (Home) _____ (Work) _____ (Cell) _____
5. Email: _____
6. Normal Working Hours: _____
7. Do you have a valid driver's license?
 - (A) Yes No
 - (B) What State? _____
 - (C) License Number: _____
8. Military Record: *(If your answer to question "A" is negative, you may omit the rest of this section)*
 - (A) Have you ever served on active duty in the armed services of the United States?
 Yes No
 - (B) What Branch? _____
 - (C) Dates of Service: _____
 - (D) Serial Number: _____
 - (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? _____

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

11. Previous medical training:

CPR _____ EMT (Level) _____

EVOC _____ Vehicle Extrication _____

Other Certifications: _____

12. Emergency Contacts:

Name _____ Relation _____

Phone Number _____

Address _____

Name _____ Relation _____

Phone Number _____

Address _____

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

14. This class requires participants to wear special clothing to participate. Please fill in the blank as accurately as possible to ensure proper fit of gear.

Shirt Size: _____

15. Before any person is selected for membership in the Advanced EMT class, 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.

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 Advanced EMT class, 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 Danville Area Training Center.

Yes, all statements are true and correct.

Signature: _____

Date: _____

***Questions or completed applications can be sent to aemtclass@datc.training by
January 10, 2025***

Thank you for your interest!