Application for EMS Training Course

City of Schertz

The City of Schertz EMS Training Academy does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or veteran status.

Submit to:
1400 Schertz Parkway
Building #7
Schertz, TX 78154
Telephone 210-619-1400
Fax 210-619-1499

General Information

Class applied for	D.O.B.	Date of application

Last Name	First Name	Middle Initial	Social Security Number

Address (Street/Route/PO Box)	City	State	Zip Code	Telephone

Do you have a driver's license? Yes □ No □	State	Lic #	Exp. Date	Type	Alternate phone number cell □ work □

1. Are you under 18 years of age? Yes □ No □

2. Are you related by kinship or marriage to any City of Schertz employee or City Council member? Yes □ No □

3. Have you been convicted of a felony or a Class A or Class B Misdemeanor? Yes □ No □

3a. If yes, are you currently on probation? Yes □ No □

4. Have you been convicted of the offense of driving while intoxicated or driving under the influence of drugs? Yes □ No □

If you answered yes to questions 3 or 4 please provide a written, signed statement and explanation and attach it to this application?

A Criminal History Background report will be required for selection process. See page 3

Education & Training

Yes □ No □ Are you a high school graduate?_____
School Name City / State

Yes □ No □ Do you have a GED certificate?_____
City / State

College(s) Attended	Location	Major	Type of Degree Earned

Please list any other training and education including Trade School, Business College, etc. which would further qualify you for this position.

_____

_____

References (Give name, address and telephone number of three persons not related or previous supervisors)

Name	Address	Telephone

Special Skills / Qualifications

How did you hear about Schertz EMS Training Academy?

_____

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In at least 300 words, please tell us why you're interested in taking the EMT-Basic Course and what you plan to do with this certification once you've finished the course. If you need more space continue on regular notebook paper and attach it to your application. Please type or write legibly.

I certify that all answers given in this application are true and complete. I also understand that any offer of enrollment may be conditional upon the satisfactory results of a medical evaluation, drug screening, Criminal History background and driver's license check. I authorize investigation of all statements contained in this application for enrollment, as may be necessary in arriving at an enrollment decision and do not hold the City of Schertz or any other individual involved in this investigation liable for information obtained in this process. I also understand that incomplete, false or misleading information given in my interview or this application may result in elimination from consideration for enrollment or discharge at any time. I further understand that, if enrolled, I will abide by all policies, rules and procedures of the City of Schertz EMS Training Academy. I understand by signing that $150 of my deposit is non-refundable. If you choose to pay by check and the item is returned for insufficient or uncollected funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees as allowed by state law. The use of a check is your acknowledgement and acceptance of this policy and its terms and conditions.

Signature_____ Date_____