



The Medical Center
 Department of Emergency Medical Services
 210 East Third Street
 Bowling Green, KY 42101

EMT Certification Course Application

Name:	Social Security Number:
Street Address:	Date of Birth: / /
City, State, Zip	___ Male ___ Female
Home Phone:	Work Phone:
Cell Phone:	E-mail Address:
Polo Shirt Size (select one): ___XS, ___S, ___M, ___L, ___XL, ___2XL, ___3XL, ___4XL, ___5XL, ___6XL	

Name and Address of Current Employee:

Brief Job Description:

Have you ever been fined or convicted for a violation of law, or are you now under charges for any violation of law? ___ Yes ___ No Give Description:

Are you currently employed by, or volunteer for, an emergency response organization? ___ Yes ___ No	Length of employment or volunteer activity:
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Name of emergency service / department:

Street Address:	City, State, Zip:
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To the best of my knowledge, the above information is true and correct.
 Applicant Signature: _____ Date: _____

Please return to willjb@mchealth.net or via USPS to above address.