



# Battlefield Fire Protection District

## APPLICATION FOR ADMISSION

### Emergency Medical Technician Class

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Main Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are Text Messages Accepted? \_\_\_\_\_

SSN: \_\_\_\_\_

**This is the number we will use to contact you**

Message Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Chief: \_\_\_\_\_

IF AFFILIATED WITH A DEPARTMENT OUTERWISE LEAVE BLANK

Previous Medical Experience: \_\_\_\_\_

**Copies of the following need to be sent in with this application**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> High School Diploma<br>or Equivalent | <input type="checkbox"/> Missouri<br>Drivers<br>License | <input type="checkbox"/> Signed Criminal<br>Background Check<br>Form | <input type="checkbox"/> CPR Card<br><small>If you already have one</small> |
|---|---|--|---|

**The following need to be done, or certified as having already been done, by your physician**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> TB Skin Test or Negative X-Ray | <input type="checkbox"/> Hepatitis B Vaccination | <input type="checkbox"/> Rubella (MMR) Vac. |
|---|--|---|

Any Pertinent Medical History: \_\_\_\_\_

**All fees are required to be paid by the first day of class**

\$35.00 Deposit Required with application      Date: \_\_\_\_\_      Method: \_\_\_\_\_

Payment Amount: \_\_\_\_\_      Date: \_\_\_\_\_      Method: \_\_\_\_\_

Payment Amount: \_\_\_\_\_      Date: \_\_\_\_\_      Method: \_\_\_\_\_

Class fees do not include fees for testing with MEMSA and/or The National Registry  
All student will be required to submit to a background check to participate in the class