



Interview Date _____

For Office Use Only

Reading _____
Math _____
Accepted _____

TRAINING APPLICATION

Applicant Information

Last Name _____ First _____ Middle _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Secondary Phone _____
SS# _____ Are you at least 18 years of age? Yes No

***Please note that incomplete applications may result in disqualification.**

EMS / Fire Affiliation

Do you currently belong to a volunteer, municipal or commercial EMS or Fire Organization? Yes No
Company Name _____ For how long? _____

Eligibility / History

Do you have a clean / valid NYS Drivers License? Yes No
Have you ever been convicted of a felony or misdemeanor? Yes No
If "yes" please explain _____
Have you ever been employed by Rural/Metro or any of its subsidiaries? Yes No
If "yes" where / dates of employment _____
Have you ever worked under another name? Yes No
If "yes" where / dates of employment _____
Do you have any prior EMS training? Yes No
If "yes" where / dates of employment _____

Education

High School _____ Did you graduate? Yes No
Address _____ Date Started _____ Date Finished _____
College or Technical School _____ Did you graduate? Yes No
Address _____ Date Started _____ Date Finished _____
Credits Received _____ Major _____ Degree Earned _____

Other School(s) or special courses

Name of School(s) / Course(s) _____ Did you graduate? Yes No
Address _____ Date Started _____ Date Finished _____
Credits Received _____ Major _____ Degree Earned _____

If you have a High School Equivalency Diploma (GED), please indicate:

Issuing Agency _____ Number _____ Issue Date _____



Work History

Most Recent Employer _____ From _____ Until _____
 Address _____ Telephone No _____ Title _____
 Hourly Pay Rate _____ Reason for leaving _____



You and Your Future

1. Why do you want to participate in the EMT Program?

2. Why have you chosen to take your training with us?

3. Where do you see yourself in one year?

4. Where do you see yourself in five years?

NARRATIVE: Why should Rural/Metro select you for this EMT training program?

I affirm that the statements and information provided on this application (including any attached statements) are true to the best of my knowledge.

Applicant Signature _____ Date _____

Return the completed application to:

Rural/Metro Medical Services – ATTN: EMT Education
 481 William L Gaiter Pkwy – Buffalo – New York – 14215