

Fannin County Fire Rescue and EMS



Emergency Medical Services Education Program



Admission Application

Section 1: Personal Information

Name: (First, Middle, Last)	Date of Birth:	SSN:
Former Name(s) (Last name on GED, High School, or College Transcript(s):		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	County of Residence:
Email:	Cell Phone:	
Emergency Contact Name:	Relationship:	Contact Phone:

Section 2: (check all that apply) This information is for federal compliance purposes only.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race:	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander
				<input type="checkbox"/> Asian	<input type="checkbox"/> White
Hispanic or Latino	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Black / African American	

Section 3: US Residency Information: This information is used to establish residency.

Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not a US Citizen, are you a permanent resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not a US Citizen or permanent resident, list VISA type:		

Section 4: Program Information

A Program of study Must be selected before an application can		
Program of Study	<input type="checkbox"/> Basic EMT	<input type="checkbox"/> Advanced EMT

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Section 5: High School / GED Information (Check what applies)

Graduated from High School:	Yes / No	High School:
Earned a General Equivalency Diploma (GED):	Year:	GED Testing Center:
Attending Adult Literacy or GED Classes:	Where:	
Attending High School:	Projected Graduation Year	High School:

Section 6: Affiliations (Check all that apply)

Are you employed currently by a Fire Department either full-time or part-time?	Yes	No	Where:
Department Chief or immediate Supervisor Name:			Phone Number: (include any extension)
Are you currently an active volunteer in either support or fire suppression role?	Yes	No	Where:
Department Chief or Immediate Supervisor Name:			Phone Number: (include any extension)
Are you currently in a work study program in High School?	Yes	No	Where:
School Principal or Guidance Counselor Name:			Phone Number: (include any extension)

Section 8: Financial Responsibility

Will you be financially responsible for payment the payment, or any applicable cost associated with the program?	Yes	No	
If No, then name of Person, point-of-contact or entity responsible for payment			
Title of Person, point-of-contact or entity responsible for payment:			
Address for Person, point-of-contact, or entity financially responsible			
Phone number and extension (if applicable) for financial verification			

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