



**NORTHLAND CAREER CENTER  
BASIC EMT COURSE**  
Offered by APS Ambulance at Northland Career Center  
**ENROLLMENT APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
First
MI
Last
Maiden

Address: \_\_\_\_\_  
Street/PO Box Apt. #
City
State
Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PREVIOUS EDUCATION:**

School Attended	Name & Address	From/To	Degree/Yr. Comp.
High School			
College/University			
Other			

**BUSINESS REFERENCES: (List current employer first)**

Co. Name	Address	City	State	Zip	Phone	Job title	From/To

If you have never worked, you may list a teacher, counselor, etc.

**PERSONAL CONTACT**

Please provide name and contact information for a personal/emergency contact person

Name	Phone #	Address

Have you ever been convicted as an adult offender of any crime (excluding traffic violations, except Drunk Driving)?  Yes  NO

I understand that I must be 18 years of age to take the State Licensure Exam. I verify that the above information is accurate and that I will be 18 years of age or older upon completion of the class (Dec. 21, 2016).

\_\_\_\_\_  
Signature
Date