



APPLICANT INFORMATION

Items marked with an asterisk (*) are required fields.

Personal Information

Name:* _____
Last First Middle

Parent/Guardian Name (if under 18): _____

Permanent Address:* _____

City:* _____ State:* _____ Zip Code:* _____

Home Phone: (____) _____-_____ Cell Phone: * (____) _____-_____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Primary E-mail Address: _____

Questions

Which one of the following do you have?*

- High School Diploma GED Associates Degree or Beyond

What High School did you attend?* _____

Address: _____
Address City State Zip Code

Are you alcohol or drug dependent?*

- Yes No

Have you ever been convicted in any court of a felony or other criminal offense or do you have any criminal offense pending?* (if yes, attach an explanation)

- Yes No

Are you an employee with Elite Ambulance or Advance Ambulance?*

- Yes No

Are you employed by any other ambulance service?*

- Yes No

If Yes, which service? _____

Understandings / Certifications

I understand the Embrace course fee to hold my seat is non-refundable. (Initial):* _____

I understand that the remainder of the Embrace course fee is due by mid-terms in order to continue the second half of the course. (Initial):* _____



I understand if I do not pass my mid-term courses, I may not be allowed to continue the second portion of the course per the Illinois State Guidelines for Emergency Medical Technicians. (Initial):* _____

I hereby state that I am not suffering any emotional, physical or medical disorder that may impair my ability to carry on all respectability of giving medical care. My ability to render appropriate medical care is not impaired by alcohol, prescription or non-prescription drugs or medications. I also am also covered by a health insurance policy and will remain so throughout the duration of this class.

Signature:* _____ Date:* _____

I do, by my signature, certify that the information in this application is true and correct to the best of my knowledge. I understand that willfully supplying false information is sufficient cause for rejection of my application or removal from the course.

Signature:* _____ Date:* _____

Parent/Guardian Signature (if under 18):* _____ Date:* _____

Other Information

Uniform Shirt Size (circle one):* S | M | L | XL | XXL | XXXL | Other: _____

How did you hear about our program?

Emergency Contact Information

In case of emergency notify:

Name of Emergency Contact:* _____

Relationship to Applicant:* _____

Address:* _____

_____ *Address* _____ *City* _____ *State* _____ *Zip Code*

Emergency Contact Phone Number:* (____) _____ - _____

Physician's Name: _____ Phone Number: (____) _____ - _____

Send Completed Form To:

Elite Ambulance

Fax: 708.478.8653

Email: HR-apps@eliteamb.net