

LifeFleet Ambulance Training Center

Admission Application

Name: _____ | _____ | _____ | _____
Last First Middle Former/Maiden

Mailing Address:

Number & Street City State Zip Code

Permanent Address:

(if different) _____
Number & Street City State Zip Code

Telephone: () _____ Cell Phone: () _____ Fax: () _____

E-mail: _____

Social Security Number:

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 Gender: Male Female

Date of birth: _____ Age: _____ Are you a U.S. Citizen? Yes No

List the high school from which you have of will graduate:

Name of institution City State Diploma/GED

Employment History: List your employment experiences for the past 2 years:

Employer Address City, State, Zip From (Month & Year) To (Month & Year)

Employer Address City, State, Zip From (Month & Year) To (Month & Year)

Employer Address City, State, Zip From (Month & Year) To (Month & Year)

Have you ever been convicted of a felony or been arrested for issues involving moral turpitude? Yes No

If yes please describe below:

I certify that to the best of my knowledge the information above is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, or dismissal from the class if later discovered and all fees will be due upon removal.

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A copy of your valid driver's license, a drivers abstract, a TB test, Hepatitis B series (or waiver), background check and a DOT physical must be turned in with this application.

A written exam must be taken and an 80% achieved on each of the four sections prior to admission along with Nims 100 and Nims 700 which can be acquired free online.

Sign your name after reading the above statement and requirements

Date

(Applications cannot be processed without your signature.)

For office use only: Date received _____

Are all requirements attached? _____

Financial Aid is available with employment agreement. If interested in financial aid please check here.

