



# Spearfish Emergency Ambulance Service, Inc.

715 E Colorado Blvd - Spearfish, SD 57783 - (605) 642-8810

[www.spearfishambulance.com](http://www.spearfishambulance.com)



## Spearfish Ambulance Emergency Medical Technician Course Application

Name: \_\_\_\_\_ Soc. Sec # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Education and Training

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ GPA: \_\_\_\_\_

College / University: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ GPA: \_\_\_\_\_

### Medical Training

1. \_\_\_\_\_
2. \_\_\_\_\_

### Current School Organizations, Clubs, and Sports you are involved with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

• Do you have ANY Health Problems that may interfere with your participation in this Program?  No  Yes;  
If Yes, Please list: \_\_\_\_\_

• Have you ever been convicted of a Felony or Misdemeanor under state or federal law?  Yes  No  
If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_ When ? \_\_\_\_\_ Disposition \_\_\_\_\_

• Have you ever had your Drivers License revoked?  N/A  Yes  No  
If Yes, Please Explain : \_\_\_\_\_  
\_\_\_\_\_ When ? \_\_\_\_\_ Disposition \_\_\_\_\_ State \_\_\_\_\_

### Statement of Intent:

I understand:

- that I must follow the rules of this course as defined in the Student Handbook and that if I do not I may be terminated from the program,
- that if I violate any patient confidentiality information outside the crew or coordinators I will be terminated from the program,
- that I must pass all training areas with a grade consistent with the Student Handbook requirements or better in order to stay in the program,
- and agree to maintain myself as an upstanding member of this program and will maintain a neat, clean and respectable image.
- If I am currently a student I must submit a copy of my current educational transcript.

Applicant Initials: \_\_\_\_\_



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**Read Carefully and Sign**

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I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement of omission of information is grounds for ending the acceptance process or dismissal. I authorize verification of information provided on this application; and authorize the references listed in this document to give Spearfish Emergency Ambulance Service, Inc. and its Executive Officer(s) all pertinent information concerning my previous employment and/or education; and release all parties from all liability for any damage that may result from furnishing Spearfish Emergency Ambulance Service, Inc. In consideration of my acceptance, I agree to conform to the rules and regulations of Spearfish Emergency Ambulance Service, Inc. I further agree that either Spearfish Emergency Ambulance Service, Inc. or I may terminate my involvement in this program with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of Spearfish Emergency Ambulance Service, Inc. other than the Executive Director has the authority to enter into any agreement for acceptance into this program for any specified period or time, or to otherwise alter the foregoing.

**By my signature, I hereby authorize**, the Director to conduct a background check and obtain a Criminal Record on me. I hereby understand that the Executive Director will hold the results of the Criminal record check confidentially. The results of this check will be taken into consideration when accepting or rejecting applications.

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years old)

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**Personal References (if student please include your advisor):**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

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**In the Event of an Emergency – Please Notify:**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

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**Voluntary Personal Information:**  
(Employment is not subject to the following information)

Do you speak any language(s) other than English?  Yes  No

If Yes, What? \_\_\_\_\_

Do you have any special skills or talents?  Yes  No

If Yes, What? \_\_\_\_\_