



Application for EMS Training Course City of Schertz

The City of Schertz EMS Training Academy does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or veteran status.

COMMUNITY * SERVICE * OPPORTUNITY

Submit to:
1400 Schertz Parkway
Bld#7
Schertz, TX 78154
Telephone 210-619-1400

General Information

Class applied for		D.O.B.	Date of application	
Last Name	First Name	Middle Initial	Social Security Number	
Address (Street/Route/PO Box)	City	State	Zip Code	Telephone
Do you have a driver's license?	State	Lic #	Exp. Date	Type
Yes <input type="checkbox"/>	No <input type="checkbox"/>			Email Address
1. Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Are you related by kinship or marriage to any City of Schertz employee or City Council member? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Have you been convicted of a felony or a Class A or Class B Misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> 3a. If yes, are you currently on probation? Yes <input type="checkbox"/> No <input type="checkbox"/>		4. Have you been convicted of the offense of driving while intoxicated or driving under the influence of drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes to questions 3 or 4 please provide a written, signed statement and explanation and attach it to this application? <i>A Criminal History Background report will be required.</i>		

Education & Training

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a high school graduate? _____	School Name _____	City / State _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have a GED certificate? _____	City / State _____	
College(s) Attended	Location	Major	Type of Degree Earned	
Please list any other training and education including Trade School, Business College, etc. which would further qualify you for this position.				

References (Give name, address and telephone number of three persons not related or previous supervisors)

Name	Address	Telephone

Special Skills / Qualifications

How did you hear about Schertz EMS Training Academy?

