RANGER COLLEGE EMS PROGRAM



Ranger College Erath County
1835 W Lingleville Rd, Stephenville, TX 76401

For information contact:

Email: EMS@Rangercollege.edu

Phone: (254)459-4401

EMT-Basic

Answer ALL question. Please type or print									
PERSONAL INFORMATION									
Name:									
Last	First			MI	Maiden Name				
Social Security #:/			D	Pate of Birth:/					
Mailing Address:	City		State	Zip					
Home Phone:	Cell Phone:			Email:					
Work info:Business Na	me		Street Add	lress					
City	State		Zip	() Work Phone					
In Case of Emergency Notify:	Name				Relationship				
Address:	O'.	G: A	7	Phone: ()				
Street Address	City	State	Z	ip					

	EDU	UCATION				
	=======================================					
Name of School	School Address or Location	Dates From/To	Diploma/Degree or Certificate	Major/minor		
High School or GED						
College or University						
Technical or Other						
		ARY SERVICE				
Branch:	Highest Rank:	T	otal time of Service:			
Type of Discharge:						
LIST ANY PRIOR I	EXPERIENCE OR 1 	EDUCATION I =======	IN THE EMS CARE	ER FIELD ======		
Agency:						
From to _		Total years	s of experience:			
Educational Institution:						
Have you ever held or attemp	oted to hold a NREMT cer	rtification?				
HAVE YOU EVER BEEN ACADEMY?	DISMISSED OR OTHE	ERWISE FAILED	TO COMPLETE ANY	OTHER EMS		
YES NO	0					
ACADEMY NAME:		DATES ATTENDED:				

Have you ever been charged or convicted of a felony	OR violent crime? (If yes, please explain)	
Please explain why you wish to be considered as a ca	andidate for Ranger College's EMS Program.	
PLEASE READ AND	SIGN THE FOLLOWING	=
I Certify that all the information given in this applic hereby give permission to Ranger College, to verify	cation is true and correct to the best of my knowledge. I any information contained in this application.	
Applicant Signature	Date	
Return Application to: EMS@Rangercollege.edu		
Ranger College Erath County Campus		
Attn: EMS		
1835 W Lingleville Rd		
Stephenville, TX 76401		