



LOYOLA UNIVERSITY MEDICAL CENTER EMT-Basic Program



2010 Application

Name

(Last)

(First)

(Middle Initial)

Social Security Number

Residence Address

Home Phone Number

City State Zip

Work Phone Number

E-mail Address

Pager Number

Name of Nearest Relative

Phone Number

Are you at least 18 years of age? Yes No

Date of Birth

EDUCATION

Do you have a high school diploma or
 GED certificate? Date Received

Name of high school attended
City/State

Name of college attended City/State

Highest grade completed in school

EMPLOYMENT

Employer City/State

Job Title

Duties/Responsibilities

Length of Employment

PERSONAL BACKGROUND

Have you ever been convicted of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 <http://www.idph.state.il.us>?
 No Yes
If yes, please explain, giving dates, details and dispositions.

Applicant Authorization and Certification: I authorize the Loyola University Medical Center EMT-Basic Program and its agents to obtain any information relating to the facts provided in the application from schools, employers, criminal justice agencies and other individuals. I certify that the statements herein are true to the best of my knowledge.

Signature

Date