



AMR Academy Training Application

OFFICE USE ONLY

Interview Date _____
Reading _____
Math _____
Accepted _____

APPLICANT INFORMATION

Last Name _____ First _____ Middle _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Email Address _____
Are you at least 18 years of age? Yes No _____ Are you a US resident? Yes No

EMS / FIRE AFFILIATION

Do you currently belong to a volunteer, municipal or commercial EMS or Fire Organization? Yes No
Company Name _____ For How Long? _____

ELIGIBILITY / HISTORY

Do you have a clean / valid NY Drivers License? Yes No
Have you ever been convicted of or currently charged with a felony or misdemeanor? Yes No
If "yes" please explain _____
Have you ever been employed by AMR or any of its subsidiaries? Yes No
If "yes" where / dates of employment _____
Have you ever worked under another name? Yes No
If "yes" where / dates of employment _____
Do you have any prior EMS training? Yes No
If "yes" where / dates of employment _____

EDUCATION

High School _____ Did you graduate? Yes No
Address _____ If "no" did you receive a GED? Yes No
If you have a High School Equivalency Diploma (GED), please indicate:
Issuing Agency _____ Number _____ Issue Date _____

College or Technical School _____ Did you graduate? Yes No
Address _____ Date Started _____ Date Finished _____
Credits Received _____ Major _____ Degree Earned _____

Other School(s) or special courses

Name of School(s) / Course(s) _____ Did you graduate? Yes No
Address _____ Date Started _____ Date Finished _____
Credits Received _____ Major _____ Degree Earned _____

* Please note that incomplete applications may result in disqualification.



