



WELLINGTON-NAPOLEON  
FIRE PROTECTION DISTRICT

PO Box 262, 300 Cherry St. Wellington, MO 64097  
Phone: (816) 934-2330 Fax: (816) 934-2830 Email: wnfpd@live.com



**2010 Emergency Medical Technician Course  
Application / Enrollment Form**

Follow all instructions on this application. Incomplete applications will be rejected. Complete the application in black ink only and print neatly. Fill out entire application, if a section does not apply, mark it NA. With this application, submit a copy of your current Missouri Drivers License. Information collected on this application will be used to run a background check prior to class admittance. By signing this application, you are giving permission for the Wellington-Napoleon Fire Protection District to conduct such background checks as deemed necessary to complete a thorough driving and criminal back ground check. Your spot in this class will be reserved when we receive this completed application; \$50 deposit and background check is successfully completed. If you are rejected from the class, your deposit will be refunded. If you drop out after acceptance, your deposit will not be refunded. Upon successful completion of the course your deposit will be refunded.

Full Name: \_\_\_\_\_

Any Alias or Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MO Drivers License #: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Have you ever been convicted of a Felony? Y / N If Yes attach details.**

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Your medical history, allergies and medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to be in this EMT class?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all EMS and/or healthcare experience:** \_\_\_\_\_

\_\_\_\_\_

Applications must be mailed or delivered to the Wellington-Napoleon Fire Protection District by June 5, 2010.  
Class will begin the first of July, dates will be announced as soon as possible.

By signing below you acknowledge that information provided by you is true to the best of your knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_