



Weatherford College EMS Department



Application and Personal History Statement

Name: _____

Sponsor/Agency: _____

Program Applying for:

EMT

Paramedic

EMR (ECA)

Previous WC EMS students do not need to fill out a history statement if one was already submitted for another program.

Date of Application: _____

Year / Semester Applying For: _____

Instructions:

This personal history statement is a required part of the application for the EMS programs. It will be turned in when you come for your interview (EMT) or entrance exam (Paramedic). This meets part of the background check requirement, so it is imperative that you follow the directions.

1. Your application must be typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

Section 1: Personal Information

Weatherford College Student ID Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Other names used: _____

Date of Birth: _____ Social Security #: _____

Driver License #: _____ State: _____ Exp Date: _____

Do you have a reliable form of transportation? Yes No

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home #: _____ Work #: _____

List Email Addresses:

Emergency Contact Name: _____ Relation: _____

Phone Number: _____ Alt. Phone Number: _____

Alt. Emergency Contact Name: _____ Relation: _____

Phone Number: _____ Alt. Phone Number: _____

Section 2: Education

Have you ever attended an EMS course? Yes No

If yes, give dates and program(s) attended.

A. Academy Name: _____

From Date: _____ To Date: _____

Location (City, State) : _____

Program Coordinator or Lead Instructor Name: _____

Contact number: _____

Did you graduate? Yes No

B. Academy Name: _____

From Date: _____ To Date: _____

Location (City, State) : _____

Program Coordinator or Lead Instructor Name: _____

Contact number: _____

Did you graduate? Yes No

Educational History

NOTE: You will be required to furnish transcripts for high school and colleges or universities.

Check applicable: High School Diploma GED

Last high schools attended or where you obtained your GED:

1. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

2. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

List all colleges or universities attended:

1. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

Degree Earned: _____ Total Credit Hours: _____ GPA: _____

2. Name: _____ City: _____ State: _____

From Date: _____ To Date: _____ Did you graduate? Yes No

Degree Earned: _____ Total Credit Hours: _____ GPA: _____

3. Name: _____ City: _____ State: _____
 From Date: _____ To Date: _____ Did you graduate? Yes No
 Degree Earned: _____ Total Credit Hours: _____ GPA: _____

List any trade, vocational, or business schools/institutes attended:

1. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

2. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

3. Name: _____ City: _____ State: _____
 Type of school or training: _____
 From Date: _____ To Date: _____ Course completed: Yes No

Have you taken the following classes:

1. Medical Terminology	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
2. Anatomy and Physiology 1	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	
3. Anatomy and Physiology 2	Yes	No	
School: _____	Semester/Year: _____	Grade: _____	

Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business, or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

Section 3: Experience and Employment

List ALL jobs you have had in the last 3 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current. If more space is needed, continue your response on the additional space page at the end of the Personal History Statement).

1. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

2. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

3. Employer: _____
Job Title: _____ Start Date: _____ End Date: _____
 Full-Time Part-Time Temporary Self-Employed
Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor Name: _____ Contact Phone #: _____
Job Duties:

Reason for Leaving: _____

Section 5: Social Media Sites

Have you ever had a social media site (i.e. Facebook, My Space, Instagram, Snapchat, etc.)?

Yes

No

List all social media sites, blogs, and websites that you have created. Provide the website URL and your username.

Section 7: Additional Space

If there is any additional information that does not fit elsewhere on this form (e.g., additional schools, employers, explanations to questions, etc.) use this box. Make sure to identify the corresponding section, question number, and specific item being referenced.