



Reading Emergency Unit Hillsdale Training Center

30 Monroe St.
Hillsdale, Mi. 49242
Phone (517) 607-4200 or 1-(800) 524-4071
Fax (517) 283-3145



EMS Student Application

LAST NAME: _____ FIRST: _____ MIDDLE: _____

FORMER NAME _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

Home Telephone: _____ Work Telephone: _____

Social Security Number: XXX-XX-____ Date of Birth: _____

Gender _____ Driver License _____

High school attended _____ Diploma Y/N GED Y/N year of graduation _____

College _____ Degree Earned _____

Applying for admission to:

MFR _____ EMT-Basic _____ EMT-Specialist _____ EMT- Paramedic _____

Prerequisites (provide documentation from appropriate authority)

_____ Negative Mantoux TB test

_____ Proof of Current Hepatitis B Vaccination series

_____ Physical exam with back and hearing screen

(For physical agility lifting up to 100 pounds)

Also provide copies of any certifications IE: Current Drivers License, CPR, First Aid
EMT-Basic license, Hazmat, ACLS, PTLs, or ATLS.

Signature: _____ Date: _____



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Authorization to Release Information

Incomplete form may cause applicant to not be considered for admission

I hereby authorize Reading Emergency Unit to investigate my personal history to verify or obtain information concerning employment, education, criminal history, as well as auto driving records, with any individuals, companies, bureaus, private or governmental agencies, institutions or any other information source.

I hereby authorize any individuals, companies, bureaus, institutions or agencies to release such information as you require without any obligation to give me written notice of such disclosure. I hereby release you and them (all information sources) from any liability whatsoever as a result of any inquiries and disclosures.

You may retain this copy of my release for your files to be used during my tenure as a student of the Hillsdale Training Center of Reading Emergency Unit Inc.

Social Security: __XXX-XX- ____

Driver's License: _____

Date of Birth: _____

Signature of Applicant: _____

Print Name: _____

Date: _____



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Applicant Criminal History Statement

In compliance with Michigan Public Health Code Section 333.20173A

All students attending the clinical portion of an MFR, EMT, Specialist, or Paramedic education class must not have committed any misdemeanor criminal act as defined by the above listed section of state law.

Any student with a criminal history will not be allowed to participate in any clinical activities connected with the Reading Emergency Unit.

BY signing this document and providing a criminal history check, I attest that I do not have a criminal history, involving any criminal misdemeanor as defined by Michigan Public Health Code section 333.20173A.

Also by my signature I indicate that I understand that if I have signed this document and I have been convicted of a criminal misdemeanor, as defined by Michigan Public Health Code section 333.20173A, I am committing perjury and falsification of a document, and can be prosecuted for same.

Signature: _____

Date: _____