## **BIOGRAPHIC INFORMATION**

Name:	Date:
Address:	
Cell phone:	
Email:	
Preferred method of contact: Text $\Box$ Email $\Box$ Phone $\Box$	
Prior involvement with Messiah EMS Program? Yes $\Box$ No	
If yes, dates and position(s):	

## **CURRENT OR PREVIOUS EMS-RELATED EMPLOYMENT**

Employer:	
Address:	
Job title:	
Duties:	
Dates of employment:	
Reason for leaving (if applicable):	
Other EMS employers:	

## **Terms of Agreement**

I certify that the information provided in this application is accurate and complete. I authorize Messiah University to verify and investigate all information provided in this application.

## I understand that to join/remain in the EMS program, I must ...

- □ Not have had any disciplinary action in the past twelve (12) months
- □ Maintain a GPA of at least 2.5
- □ Be in compliance with all components of the Messiah EMS bylaws
- □ Respond to at least one call per semester

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

Send completed form thru campus mail to: "Department of Safety" or Email to: mhogue@messiah.edu