

Record of Education

<p style="text-align: center;">EDUCATION</p> <p style="text-align: center;">Did you graduate from High School?</p> <p style="text-align: center;">__YES __NO</p>	<p style="text-align: center;">IF "NO", circle the highest grade completed</p> <p style="text-align: center;">Grammar School 1 2 3 4 5 6 7 8</p> <p style="text-align: center;">High School 9 10 11 12</p>	<p style="text-align: center;">Type of education (check one)</p> <p style="text-align: center;">Vocational____</p> <p style="text-align: center;">Technical____</p> <p style="text-align: center;">Academic____</p> <p style="text-align: center;">Other_____</p>
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If you have a high school equivalency diploma, give State of issue _____

Complete this item if you have taken a course(s) in Business, Trade, EMS, Armed Services, Correspondence or night school

Name of School	Subject	Did you successfully complete?

Complete this item if you have taken courses at a college or university.

Name of College or University	Major Subject	Approx. Semester Hours Credit	Degree or Certificate
Name of Graduate School	Major Subject	Approx. Semester Hours Credit	Degree Received

List any Professional Affiliations to which you belong (*please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability*):

Affiliate Officer Signature: _____

Releases and Applicant's Signature (please read)

In connection with my application for enrollment and as a condition of continuing enrollment, I understand that investigative background inquiries will be made on me including, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, education, compensation, and experience. Furthermore, I understand that the Training Institute may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Lackawanna Ambulance Training Institute and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form. I also have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request. This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure motor vehicle reports at any time during my enrollment.

Applicant or Guardian Signature

Date

Please Print Clearly:

Print Full Name: _____

Sex: Male Female

Print other name(s) you have used: _____

Date(s) used: _____

Date of Birth (mm/dd/yy): _____

Social Security #: _____

Current Driver's License #: _____

Issuing State: _____

Other Drivers License #s: _____
(list last 7 years only)

Issuing State: _____

Applicant or Guardian Signature

Date