



**Sumner County EMS EMT Program Application**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Do you currently have a valid driver's license? Yes  No

Have you ever been convicted of a felony? Yes  No

Have you ever obtained a state licensure in this state or any other state that has been revoked for disciplinary issues? Yes  No

Do you currently work for a government agency in Sumner County or other counties surrounding Sumner County such as a Fire Department or Police/Sheriff's Department? Yes  No

If "**Yes**" to the above question, which department? \_\_\_\_\_

Have you previously gone to EMT, AEMT or Paramedic school? Yes  No

If "**Yes**" to the above question, where and when? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

High School  GED

If High School, Name of School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Other Education / Training (Describe): \_\_\_\_\_

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**WORK EXPERIENCE:** Describe your work experiences, particularly any experience you might have in pre-hospital care, public safety or health care.

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**INTEREST:** Give a brief description on why you are interested in becoming an EMT.

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How did you learn about our program? \_\_\_\_\_

Are you thinking about or pursuing employment at Sumner County EMS? Yes  No

I verify that all the information provided is, to the best of my knowledge, accurate. I also acknowledge that a criminal record check will be required in the future before performing patient care in the hospital setting.

SIGNATURE: \_\_\_\_\_

**SUBMISSION:**

Submit this application by mail or in-person:

Sumner County EMS  
Attn: Brent Dyer or Hunter Henson  
255 Airport Road  
Gallatin, TN 37066

Email to: [bdyer@sumnerems.org](mailto:bdyer@sumnerems.org) and [hhenson@sumnerems.org](mailto:hhenson@sumnerems.org)