



Hermann Area Ambulance District

510 West 16th Street, Hermann, Missouri 65041
(573) 486-3330



EMT Class Application

Applicant Information

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Phone Number		
<input type="text"/>		

Applicant Education and Past Experience

Name of High School Attended	Date of Graduation
<input type="text"/>	<input type="text"/>
OR	
GED Program Attended	Date of Completion
<input type="text"/>	<input type="text"/>

List EMS or Fire related certifications you currently hold, if any. (Fire I, Fire II, CPR, EMD, EMR, etc.)
Attach copies of your certifications to this application.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

List any previous medical experience that you have, if any.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Attach at least one letter of recommendation to this application



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Have you participated in any EMT courses in the past?

Yes

No

If yes, when and where did you take the class?

Why do you wish to take this course?

This course requires time and commitment for classroom instruction, and clinical participation as well as study time. Are you prepared to make such a commitment?

Yes

No

This course requires physical stamina, endurance, and the ability to lift, push, pull, reach overhead, squat, bend, kneel, climb, sit, stand, walk and carry patients and equipment. Can you carry out these requirements?

Yes

No

Part of this training requires that procedures taught in the classroom be applied and practiced by fellow students including applying c-collars, backboarding, assessments, and other hands-on skills. Are you willing to allow other students to practice these on you?

Yes

No

If not, please explain why.

Where did you hear about our EMT program?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that this agreement is a legally binding instrument upon written acceptance by Hermann Area Ambulance District. I understand that false or misleading information in my application or interview may result in my rejection or subsequent revocation/discharge from the EMT program.

Signature

Please fill out this application and mail or hand deliver with \$100 application deposit to Hermann Area Ambulance District at 510 West 16th Street in Hermann by 5:00 pm on July 31, 2026.