



410 Front St.
Orange, TX 77630
(409) 882-3044

**LAMAR STATE COLLEGE ORANGE
EMERGENCY MEDICAL SERVICES PROGRAM
APPLICATION FOR ADMISSION**

This application is
good only for the
_____class semester

Name _____
Last First Middle

Social Security No. _____ DOB _____

Mailing Address _____
Street, PO box, rural route, etc. City State Zip

Primary phone # (xxx)xxx-xxxx _____

E-mail _____

Emergency Contact Name: _____

Emergency Contact Phone #(xxx)xxx-xxxx _____

I understand that if I have been convicted of a crime I may be excluded from the NREMT certification. If I have a criminal record and would like to be evaluated for eligibility, it is my responsibility to contact the DEPT. of State Health Services at <https://dshs.texas.gov/emtraumasystems/default.shtm> for more information.

I certify that information given on this application is correct and complete. I understand that misrepresentation or omission of information will make me ineligible for admission to, or continuation in, the Lamar State College Orange Emergency Medical Services Program. If applying on line, signature will be obtained at the information meeting.

Legal signature of applicant

Date

**LAMAR STATE COLLEGE ORANGE
EMS PROGRAM APPLICANT INTERVIEW**

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Why are you interested in the Emergency Medical Services health care field?

2. What do you expect to learn in the EMS courses?

3. Have you been employed in the EMS health field? If yes, how long? Explain experiences you have had in the field.

4. Why do you feel you are a strong candidate for a position in the EMS Program at Lamar State College Orange?

5. Is there anything else you would like to tell the Standards Committee?

**LAMAR STATE COLLEGE ORANGE
EMS PROGRAM EMPLOYMENT/WORK HISTORY**

Work Experience: Summarize your work experience since graduation until now. Please include all temporary, part-time, and fulltime positions. Specify all unemployed time periods. List places/dates of employment, immediate supervisor, and reason for leaving. Beginning with the most current, additional pages may be used.

Company Name:	Position:
Supervisors Name:	Phone Number:
Dates of Employment: from: _____ to _____	
Reason for Leaving:	

Company Name:	Position:
Supervisors Name:	Phone Number:
Dates of Employment: from: _____ to _____	
Reason for Leaving:	

Company Name:	Position:
Supervisors Name:	Phone Number:
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