

**Culver-Union Township E.M.S.
200 E. Washington Street
Culver, IN 46511**

Office Use Only
Insurance: _____
Action: _____

Please print -- Name	Age	Area code / Home phone	
Mailing address	City	State	Zip code
Email address		Area code / Cell phone	
Occupation		Employer	

Position interested in: **Driver** _____ **EMT** _____

Do you have a valid Indiana Driver's License? **Yes / No**
Number: _____

Have you had any traffic violations or accidents within the past 3 years? **Yes / No**
If yes, please specify: _____

Are you a certified EMT by the State of Indiana at this time? **Yes / No**

What hours would you be available for duty? **A.M.** _____ **P.M.** _____

List any organizations you belong to: _____

List two personal references, other than family members:

1. _____

2. _____

Name	Address	Area code / Phone
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How did you become interested in the Culver EMS program?

Signature _____ Date _____

THANK YOU FOR YOUR TIME AND INTEREST IN C.U.T.E.M.S.