



Haz-Co Emergency Response Training Center

P.O. Box 3063 • Sherman, TX 75091 • 903/564-3862
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STUDENT APPLICATION

NAME _____ D.O.B. ____/____/____ AGE _____
Last First M.I.

SOC. SEC. # _____ SEX (CIRCLE ONE) M F

HEIGHT _____ WEIGHT _____ HOME PHONE (____) _____

HOME ADDRESS _____
Street City, State, ZIP

CURRENT EMPLOYER _____

WORK PHONE (____) _____ CELL PHONE: (____) _____

EDUCATION: CHECK THE HIGHEST LEVEL ACHIEVED:

- | | |
|---|--|
| <input type="checkbox"/> G.E.D. | <input type="checkbox"/> COLLEGE-BA, BS |
| <input type="checkbox"/> HIGH SCHOOL | <input type="checkbox"/> COLLEGE-MASTER |
| <input type="checkbox"/> COLLEGE-ASSOC. | <input type="checkbox"/> COLLEGE-DOCTORATE |

HAVE YOU HAD ANY FIRE TRAINING BEFORE? PLEASE EXPLAIN.

DO YOU HAVE A CURRENT AMERICAN HEART ASSOCIATION CARD? YES NO

WHERE DID YOU HEAR ABOUT HAZ-CO'S FIRE ACADEMY? _____

HAVE YOU APPLIED TO OTHER FIRE ACADEMIES? YES NO

IF YES, WHERE? _____

BY THE FIRST DAY OF CLASS, YOU MUST PROVIDE US WITH A COPY OF A MEDICAL PHYSICAL AND PULMONARY TEST.

ALL TUITION IS DUE BY THE FIRST DAY OF REGISTRATION.

CLASS IS LIMITED TO 25 STUDENTS. A DEPOSIT OF \$500.00 PRIOR TO REGISTRATION WILL SECURE ONE OF THE FIRST 25 SPOTS. ALL OTHERS WILL BE FIRST COME, FIRST SERVE.

SIGNATURE OF APPLICANT DATE