

EMS CAREER-RELATED EXPERIENCE RELEASE OF INFORMATION CONSENT

Please complete if you have been previously enrolled in an EMS-related program at another college/university OR if you have been employed or performed volunteer work in an EMS-related area.

APPLICANT'S NAME (please print) _____

I hereby authorize the release of information related to my previous performance as a student in other EMS-related programs and/or employment records from the employers listed below to the Emergency Services Department at NWF State College.
Signature _____ Date _____

Employer _____ Phone _____
Fax _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full-Time _____ Part-Time _____ Job Title _____ Does this job require EMT? Yes No

Job Duties

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone _____
Fax _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full-Time _____ Part-Time _____ Job Title _____ Does this job require EMT? Yes No

Job Duties

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone _____
Fax _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full-Time _____ Part-Time _____ Job Title _____ Does
this job require EMT? Yes No

Job Duties

Signature of Employer/Supervisor _____

Date _____

(Attach duplicate forms as needed)