

**Continuing Education  
Public Safety Student Application**



<b>Class Title:</b>		<b>Class ID:</b>	
<b>ECC ID or Last 4 Digits of SSN</b>		<b>Student Entry Date:</b>	
<b>Last Name:</b>		<b>First Name:</b>	<b>Middle Initial:</b>
<b>Address:</b>		<b>Is this a new address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Primary Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Other		<b>Alternate Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Other	
<b>Email:</b>		<b>Birthdate:</b>	
<b>65 or older as of today?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
<b>Student Type:</b> <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Volunteer EMS/Rescue <input type="checkbox"/> Detention Officer <input type="checkbox"/> ECC Full-time Employee <input type="checkbox"/> Paid Firefighter <input type="checkbox"/> Emergency Mgt. Personnel <input type="checkbox"/> Telecommunicator/Dispatcher <input type="checkbox"/> Inmate <input type="checkbox"/> Paid EMS/Rescue <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Inspector (fire/bldg/mech/elec/plumb) <input type="checkbox"/> Sponsored BLET			
<b>Employment Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: Hours per week: _____ <input type="checkbox"/> Unemployed - Seeking <input type="checkbox"/> Unemployed – Not Seeking <input type="checkbox"/> Retired			
<b>Education Level:</b> <input type="checkbox"/> GED Diploma <input type="checkbox"/> Adult High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Highest Grade Completed <input type="checkbox"/> One-year Vocational Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree			
<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Alien Authorized to Work in the U.S.			
<b>Job Title:</b>		<b>Employer:</b>	
<b>How did you hear about this class?</b> <input type="checkbox"/> Newspaper <input type="checkbox"/> Flier <input type="checkbox"/> Email/Newsletter <input type="checkbox"/> ECC Website <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Friend or Coworker <input type="checkbox"/> Other			

I grant permission to Edgecombe Community College to use my image and/or quotes for any use the college deems appropriate in the promotion and marketing of the college through print and electronic media. I also agree that the North Carolina Community College System may use my image and/or quotes to promote community college services throughout the state.

I hereby give permission to Edgecombe Community College and the NC Department of Community Colleges to release my grades/transcripts to the following credentialing agencies and affiliated chief officer of my agency/department:

- NC Department of Insurance Fire/Rescue Commission
- NC Criminal Justice Training & Standards Commission
- NC Sheriff's Training & Standards Commission
- NC Office of Emergency Medical Services
- Student's Affiliated Agency/Department Chief Officer (Written Request)

Student Signature

Date

➔ My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.