



**EMERGENCY MEDICAL SERVICES  
PARAMEDIC PROGRAM APPLICATION**

*Refer to program overview for application submission deadlines.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ or GED \_\_\_\_\_

College? ( ) Yes ( ) No If yes, what college did you attend? \_\_\_\_\_  
If you received a degree, what was your major? \_\_\_\_\_

Have you ever been convicted of a felony? ( ) Yes ( ) No  
If yes, please explain (use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**EMS EMPLOYMENT HISTORY**

Employer	Job Title	Dates	FT or PT

**Please attach the following to this application:**

Verification of High School Diploma or GED	} LEGIBLE PHOTO COPIES
Current EMT Card	
Current CPR Card	
Driver's license or proof of age	
Passport size photo	
Written verification of one year and 1000 hours work experience within the last three years.	

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For Office use only**

Received	
	Verification of High School Diploma or GED
	EMT Card
	CPR Card
	Driver's License or proof of age
	Passport size photo
	Verification of experience with 1000 hours