

**SANTA ROSA JUNIOR COLLEGE PUBLIC SAFETY TRAINING CENTER  
PARAMEDIC ACADEMY # 26 - APPLICATION**



**Instructions: Please print legibly in ink or type.** Answer all questions accurately and completely. All statements in your application are subject to verification. Incorrect or incomplete statements may bar or remove you from acceptance. Resumes will not be accepted in place of a completed application. Attach all necessary documentation to verify education and certifications. **Include a copy of your valid EMT-I license, driver's license, and transcripts.**

**1. Personal Data**

Name (last, first, middle)	
Mailing Address (number & street)	Home Telephone
	Mobile Phone
City, State & Zip	E-mail Address (required)
SRJC Student ID# if available	Date of Birth:

**2. Education**

High School Graduate (circle one) Yes    No    GED	Name & Location of High School			
Schools Attended Other Than High School	Location	Course of Study	Units Earned	Degree or Certificate
EMT Training Institution				
<b>Certifications:</b> Required Licensing Information:				
EMT Certification County of issuance _____		Expiration Date: _____		CPR Card Expiration Date: _____
Driver's License Number: _____		Expiration Date: _____		

**3. EMT Work Experience**

<b>List most recent EMT employment/ experience first. List all experience, paid and voluntary.</b> Additional sheets should be attached to this application when necessary, to fully describe related experience, training, education.	
From: _____ To: _____ Mo./Yr.                  Mo./Yr.	Exact Title of Position:
Name and Address of Employer:	Duties/responsibilities:
	Full, Part-time or Volunteer?
From: _____ To: _____ Mo./Yr.                  Mo./Yr.	Exact Title of Position:
Name and Address of Employer:	Duties/responsibilities:
	Full, Part-time or Volunteer?

From: _____ To: _____ Mo./Yr. Mo./Yr.	Exact Title of Position:
Name and Address of Employer:	Duties/responsibilities:
	Full, Part-time or Volunteer?

**4. Other Work Experience**

List other, most recent employment/ experience first. List all experience, paid and voluntary. Additional sheets should be attached to this application when necessary, to fully describe related experience, training, education.

From: _____ To: _____ Mo./Yr. Mo./Yr.	Exact Title of Position:
Name and Address of Employer:	Duties/responsibilities:
	Full, Part-time or Volunteer?

From: _____ To: _____ Mo./Yr. Mo./Yr.	Exact Title of Position:
Name and Address of Employer:	Duties/responsibilities:
	Full, Part-time or Volunteer?

5. Did you complete ANAT40 or 58 (A&P)?  Yes  Equivalent course

6. Did you complete EMC 114 (Basic Arrhythmia)?  Yes  Equivalent course

**7. Certification by Applicant**

I hereby certify that the information given on this form is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Include the following with your packet:**

- \_\_\_ Application – completed and signed
- \_\_\_ Copy of valid EMT card
- \_\_\_ Copy of valid healthcare provider/ profession level CPR card
- \_\_\_ Copy of valid Driver’s License
- \_\_\_ Transcripts from SRJC and/or other colleges/universities (unofficial transcripts accepted)