

**SANTA ROSA JUNIOR COLLEGE PUBLIC SAFETY TRAINING CENTER
PARAMEDIC ACADEMY # 27 - 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	
	Cell Phone /Pager	
City, State & Zip	E-mail Address (required)	
SRJC Student ID# if available	Social Security Number:	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				

Certifications: Required Licensing Information:

EMT Certification County of issuance _____ Expiration Date: _____ CPR Card Expiration Date: _____
 Driver's License Number: _____ Expiration Date: _____

3. EMT Work Experience

List most recent EMT 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?

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- I 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)