Name:

Address:

Phone:

DOB:

National Registry Number:

State EMS License Number (if possessed):

What is the expiration date on your current BLS CPR certification card?

Do you have an Idaho Driver’s License?

Do you have a Social Security Card or other federally-issued proof of your ability to work in the United States of America and the State of Idaho?

**NOTE:** A copy of your Driver’s License and Social Security Card or other federally-issued employability documentation must be provided prior to acceptance as a reserve at Payette County Paramedics.

Education History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **School Name, City, State** | **Degree/Certificate Sought** | **Years** | **Graduated?** |
| High School |  |  |  |  |
| College |  |  |  |  |
| Technical/Other |  |  |  |  |

Do you have any experience in EMS, either paid or voluntary? If yes, please list below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **City, State** | **Role** | **Years** | **Volunteer or Paid** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please answer the following questions on a separate sheet of paper. Responses may be typed and must meet the word counts exactly:

1. In 25 words, please explain why you are interested in EMS?
2. In 100 words, answer the following: what two characteristics make for a great EMS provider? Why?
3. Considering your response to Question 2, in 75 words explain your plan for demonstrating these characteristics and improving on them as a reserve at Payette County Paramedics?

Personal References **not** related to you by blood or marriage. Students must have at least one reference from a teacher/instructor, School counselor or School administrator.

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MiddleAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home OtherConnection to You (i.e. friend, co-worker) Occupation:  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MiddleAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Telephone: ( \_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home OtherConnection to You (i.e. friend, co-worker) Occupation:  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MiddleAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Telephone: ( \_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home OtherConnection to You (i.e. friend, co-worker) Occupation:  |

Completed applications can be emailed to Payette County Paramedics

PCP@fruitland.org

Faxed to (208) 452-7031 or mailed to

Payette County Paramedics

Attn: Chelsea Goossens

200 S. Whitley Drive,

PO Box 324

Fruitland ID, 83619