

Paramedic-EMT Application

STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound on or explain your answers. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle)

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth (Month/Day/Year):**

6. **Place of Birth (City/State):**

7. **Social Security Number:**

8. **Have you used any other names, DOB's or SSN's:**

YES

NO

*List all names, DOB, and SSN's on the Continuation Sheet.

9. **Home Telephone Number:**

10. **Work Telephone Number:**

11. **Cell/Mobile Number:**

12. **Are you a citizen or legal resident of the United States?** Yes No

***PLEASE ATTACH A COPY OF: Birth Certificate or other proof of citizenship or legal residency.**

13. **Do you have** (Check one)

G.E.D. Certificate

High School Diploma

*Please attach a copy of one of the above.

14. **Have you served or currently serving in the U.S. MILITARY:**

YES

NO

*If YES attach the member copy of the DD 214.

15. CURRENT DRIVER'S LICENSE: YES NO	State:		
License Number:	Expiration Date:		
16. PREVIOUS DRIVER'S LICENSE INFORMATION: *List all states/countries where you have been licensed on the Continuation Sheet.	YES NO		
17. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED? *If YES provide a full explanation on the Continuation Sheet.	YES NO		
18. CRIMINAL CONDUCT:			
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? *If YES provide a full explanation on the Continuation Sheet.	YES NO		
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? *If YES provide a full explanation on the Continuation Sheet.	YES NO		
19. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? *If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
21. Current EMT Certification: YES NO	State:		
Certification Number:	Expiration Date:		
22. Have you had prior EMT certification/employment in any other states? *If YES provide the following information:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name of Agency	Dates of Employment	City	State
	From To		
23. Have you ever had your EMT certification Revoked *If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
24. CERTIFICATION:			
I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke certification.			
I have read and understand:			
The Student Guide Book <input type="checkbox"/> The YRMC On-Boarding Guidelines <input type="checkbox"/>			
SIGNATURE OF APPLICANT: _____	DATE: _____		

