

## **Treasure Valley** Community College 650 College Blvd. Ontario, OR 97914 (541)881-5757

## **Advanced EMT Program Application**

Applicant Information						
Full Name:				Date:		
	Last	First		М.І.		
Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:		E	mail			
Date of Birth: Social Security No.: Ger				Canala	er:	
Are you a ci	tizen of the United States?	YES NO YES NO	lf no, are you au	uthorized to work in t	YES NO zed to work in the U.S.?	
Have you ever been convicted of a felony?						
lf yes, expla	in:					
	Acader	nic and/or Certi	ification Info	rmation		
		Years/Mo	onths of			
EMTB Certification #: Service (EMTB)						
Current Date			(EMIB)			
on EMTB	Issuing	Are you certifie		NO		
Card:	State:	NRI YES	EMT?	D PATT:	#::	
Is your BLS Provider Card Current?						
Have you taken an A& P Class?						
References						
Please list i	three professional references					
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship:		
Company:						
Address:						

I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading inform- interview may result in my release.	ation in my application or					
Signature:	Date:					
Why do you want to take this class? What are your plans EMS? (Please continue on a separate sheet of paper if you need more room)						

Disclaimer and Signature

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