**Paramedic Application**

**\*\*\* Non-Refundable Registration Fee $150.00 \*\*\***

**Please Print Clearly**

**Enrollment Status:** [ ] New Enrollment [ ] Readmission [ ] Former MCA EMT Student

**Applicants Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No. & Street City State Zip

**Primary Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** [ ] Male [ ] Female

**Ethnicity:** [ ] Asian [ ] Black/African descent [ ] East Indian [ ] Latino/Hispanic [ ] Middle Eastern

[ ] Native American [ ] Pacific Islander [ ] White/Caucasian (non-Hispanic) [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security #:** \_\_\_\_\_-- \_\_\_\_ -- \_\_\_\_\_

 MM/DD/YYYY

**Level of Education Completed: Citizenship:**

\_\_\_\_\_\_ General Education Diploma \_\_\_\_\_ U.S. Citizen

\_\_\_\_\_\_ High School Diploma \_\_\_\_\_ Permanent Resident

\_\_\_\_\_\_ Some College \_\_\_\_\_ Student Visa

\_\_\_\_\_\_ Two Year Degree \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Four Year Degree

**Have you Ever Been Convicted of a Felony?** \_\_\_\_ Yes \_\_\_\_ No

If yes, Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Program Objective:** \_\_\_\_\_ Job Related \_\_\_\_\_ Personnel Enrichment

If job related, where do you currently work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact your Employer:** \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**Have You Ever Attended Paramedic School Before?** \_\_\_\_\_ Yes \_\_\_\_ No

If yes, where did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Year? \_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever attended Fire School?** \_\_\_\_\_ Yes \_\_\_\_\_ No **Certificate obtained?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Year? \_\_\_\_\_\_\_\_\_\_\_\_

Do you work for a(n) EMS or Fire Department? \_\_\_\_ Yes \_\_\_\_\_ No

If yes, what department? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year of hire: \_\_\_\_\_\_\_\_\_

EMT Certified: \_\_\_\_ Yes \_\_\_\_ No If yes, EMT license expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_