



Citizens' Ambulance Service

PO Box 237, Indiana, PA 15701
724-471-7175

Paramedic Program Application Spring 2012

NAME

First _____ Middle _____ Last _____
 DOB ____ / ____ / ____ SSN ____ - ____ - ____

Address _____ County _____

EMT Certification # _____
 Expiration Date _____

Contact Information

Email _____
 Home Phone () _____
 Cell Phone () _____

Emergent Contact

Name _____ Relationship _____
 Phone Number: () _____

CURRENT EMPLOYMENT			
Employer	Address	Phone Number	Year Started

Shirt Size: _____

I hereby certify all information is accurate and true. Falsification of information will result in dismissal from the program. I also understand that all documentation and information on this application is subject to verification. I also understand that all information provided on this document will remain confidential.

Signature

Date

PAST EMPLOYMENT			
Employer	Address	Phone Number	From - To

EDUCATION				
Type	School Name	Location	Years Completed	Diploma / GED
High School				Yes No
College				Yes No
Graduate School				Yes No

EMERGENCY MEDICAL EXPERIENCE				
Organization	Director or Chief	Phone Number	Position	From - To

CERTIFICATIONS			
Type	Training Location	Year	Expiration

REFERENCES		
Name	Job Title	Phone Number

May the Director contact the above listed references? Yes No

Have you ever been convicted of a felony or misdemeanor ? Yes No
 Have you ever been sanctioned by any state entity? Yes No
 Has any medical command facility placed you on probation? Yes No

Do you currently own or have access to a computer and/or the internet?
 Yes No

What is your current computer skill level? None Moderate
 Some Skilled

Please include the following items with your completed application:

1. A copy of your high school Diploma or GED.
2. A copy of your PA EMT-B Certification.
3. A letter of ALS Sponsorship from an ALS Service.
4. A copy of your current BLS card.
5. A copy of your valid PA drivers license.
6. A letter of intent stating why you want to become a paramedic and what being a paramedic means to you. *(One page maximum typed.)*

Please return the completed application and required documentation by
Tuesday, March 13, 2012

to the address listed below. **Please enclose a check for \$500 deposit. 2nd payment of \$500 due on the first day of class, March 27, 2012.**

Citizens' Ambulance Service
 Attn: Chuck Allias, MS, NREMT-P
 Director of Training & Education
 PO Box 237
 Indiana, PA 15701

Program use only	
Date received _____ / _____ / _____	
Copy of diploma or GED	<input type="checkbox"/>
Copy of EMT certification	<input type="checkbox"/>
Copy of BLS certification	<input type="checkbox"/>
Copy of drivers license	<input type="checkbox"/>
Letter of intent	<input type="checkbox"/>
References contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No