

**QUINCY AREA EMS SYSTEM
BLESSING HOSPITAL PARAMEDIC PROGRAM
STUDENT APPLICATION**

PERSONAL DATA

Name (Last) (First) Initial Date of Birth
Address (Street) (City) (Zip Code) Social Security Number
Telephone Number (Home) Email

EMERGENCY NOTIFICATION

Name (Last) (First) (Relationship)
Address (Street) (City) (Zip Code)
Telephone Number (Home) Telephone Number (Work)

CURRENT EMPLOYMENT/OCCUPATION

Employer Job Title
Business Address (City) Telephone Number
Immediate Supervisor (Name) Job Title

EMT TRAINING

EMT Training Location Instructor
Date Training Completed IL EMT Certification Number Expires

OTHER EDUCATION

High School Diploma GED

College (Name) Location
Years Completed Degree or Certificate

EMERGENCY MEDICAL SERVICES EXPERIENCE

Agency Location
Your position at the agency

EMS System (Name) Location

EMS Medical Director EMS System Coordinator

Agency Location
Your position at the agency

EMS System (Name) Location

EMS Medical Director EMS System Coordinator

OTHER RELATED EXPERIENCE

Examples: nursing assistant, volunteer, explorer group
Please List

PROFESSIONAL/PERSONAL REFERENCES

1. Name _____ Telephone Number _____
Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

2. Name _____ Telephone Number _____
Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

BACKGROUND INFORMATION EMT

Have your privileges in Emergency Medical Services ever been revoked or suspended? Yes No

Have you been placed into a disciplinary process related to your EMT certification? Yes No

Have you ever been terminated from employment at Blessing Hospital Yes No

Have you ever been convicted of a felony? Yes No

If any of the above answers are yes, please explain on a separate sheet and attach.

ADDITIONAL REQUIRED INFORMATION

1. Submit a copy of your current *Illinois* EMT certification.
2. Submit a copy of your current CPR card (*Healthcare Provider or Equivalent*)

EQUAL OPPORTUNITY CLAUSE

This program will make no discrimination because of race, sex, creed, national origin, ancestry or political affiliation.

Applicants for this program must also take a pretest based on general EMT knowledge and basic mathematics. You may also be required to interview with the EMS Medical Director or designees.

Please note: Falsification of any information on this application will result in automatic denial of entry into the paramedic program.

I further understand that Blessing Hospital assumes no liability for possible injuries to me during the course of or as a result of my enrollment in this program. I authorize and direct the release of information from my personal and professional references indicated above.

Signature of Applicant

Date:

FOR OFFICE USE ONLY

Date Application Received: _____

Two Reference Letters

Sponsorship Letter: Illinois EMT License Expires: _____ CPR Card (*Healthcare Provider or Equivalent*) Expires: _____