



City of Etna

Etna Ambulance



VOLUNTEER/PAID CALL EMS APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Position Desired: Paramedic EMT Ambulance Driver

Have you been previously employed by Etna Ambulance or the City of Etna?

Yes No

If yes, why did you leave?

Licenses and Certifications: (Check all that apply)
(Copies will be required prior to start)

- | | |
|---|---|
| <input type="checkbox"/> California Driver's License | <input type="checkbox"/> PALS/PEPP/Handtevy |
| <input type="checkbox"/> Ambulance Endorsement | <input type="checkbox"/> ACLS |
| <input type="checkbox"/> EVOS/EVOC | <input type="checkbox"/> PHTLS/ITLS |
| <input type="checkbox"/> BLS Provider Certification | <input type="checkbox"/> ICS 100 |
| <input type="checkbox"/> SSV EMS Cert. (EMR,EMT or paramedic) | <input type="checkbox"/> ICS 200 |
| <input type="checkbox"/> NREMT (EMR,EMT or NRP) | <input type="checkbox"/> ICS 700 |
| <input type="checkbox"/> Hazmat FRO | <input type="checkbox"/> ICS 800 |

Please list any Instructor certifications:

Signature

Date