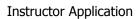
## **EASTERN PA EMS COUNCIL**





APPLICANT INFORMATIO	N								
Last Name		First			M.I.	Date			
Street Address				Apartment/Unit #					
City State			ZIP						
Phone	Phone E-mail Address								
Cell Phone			Other Phone						
Social Security No.			Application for:		EMS Instructo	r Rescue Instructor			
EDUCATIONAL BACKGRO	UND								
Circle the highest level completed, or indicate possession of graduate equivalent degree (GED)									
GED	GED High School		College	Graduate Degree					
List your educational diplomas or degrees. Start with your most recent.									
Institution	Degree	Major			Dat	es			
REFERENCES									
Please list three references who are familiar with your performance in emergency medical care and/or teaching									
Full Name			Relationship						
Company			Phone (	)					
Address									
Full Name			Relationship						
Company			Phone (	)					
Address			<u>'</u>						
Full Name			Relationship						
Company			Phone (	)					
Address			·						

OCCUPATIONAL INFORMATION							
Provide the information requested temployers.	pelow for all present employ	ers; please provide inf	formation if self-	employed and also part time			
Employer's Name	Address		Your Title Duties	Dates of Employment			
			Duties				
EMERGENCY SERVICES EXP		RESCUE TEACHIN	NG)				
(List the most recent experience first	st)						
Organization Name	Type of Experience	Duties		Time Frame			
EMERGENCY SERVICE CERT	TETCATES (EMS FIRE	RESCUE TEACH	ING)				
Certification	Date Certified	Expiration Date	Cert #	Course Location			
Cerunication	Date Certified	Ехрігаціон расе	Cert #	Course Location			
Note: Please include copies of the a	above listed certifications wit	h your application.					

Answer the following questions in the space provided:				
1. Explain why you wish to be an EMT or Rescue Instructor				
Describe how your emergency services background will enable you to be an eff	ective instructor.			
3. Describe the type and extent of any instruction/training experience that you ha	ve had.			
Condidate (a Constitute	Data			
Candidate's Signature:	Date:			
Signature of County Coordinator: (If candidate is not accepted, reason(s) must be documented.)	Date:			
Completed twenty (20) hours of assistance instructor time with county training institute or certified rescue instructor. (Evaluations enclosed)				
Institute or rescue class:	Date:			
Signature:	Date:			