



**MORENO VALLEY COLLEGE
EMERGENCY MEDICAL SERVICES
PARAMEDIC PROGRAM APPLICATION**



RCCD ID# _____

Name _____ D.O.B. _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____
(where message can be left)

EDUCATION:

High School _____ Year Graduated _____ or GED _____

College? () Yes () No If yes, what college did you attend? _____

If you received a degree, what was your major? _____

****PLEASE SUBMIT OFFICIAL TRANSCRIPTS FROM ALL SCHOOLS PREVIOUSLY ATTENDED****

Have you ever been convicted of a felony? () Y () N

If yes, please explain (use additional paper if necessary)

EMS EMPLOYMENT HISTORY

Employer	Job Title	Dates	FT or PT

Please attach the following to this application:

Verification of High School Diploma or GED	} LEGIBLE PHOTO COPIES
Current EMT Card	
Current CPR Card	
Driver's license or proof of age	
Written verification of one year and 2000 hours work experience	
Anatomy & Physiology 10 (or equivalent)	

APPLICANT'S SIGNATURE _____ **DATE** _____

For Office use only

Received	
	Verification of High School Diploma or GED
	EMT Card
	CPR Card
	Driver's License or proof of age
	Anatomy & Physiology 10 or equivalent
	Verification of experience