

For office use only: Date received: __/__/____
1st Announcement Sent: __/__/____
2nd Announcement Sent: __/__/____



Date: _____

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Please fill out the application.
2. Place your name and mailing address (including zip code) on each of the enclosed address labels (print clearly or type)
3. Return application to:

Tri-County EMS
300 Main St.
Lewiston, ME 04240

Emergency Medical Services Course:

- EMT-Basic Course
- First Responder Course
- EMT-Basic Refresher Course
- EMT-Intermediate
- EMT-Paramedic

Course Location Preference:

- Lewiston/Auburn
- Norway
- Rumford
- Farmington
- Carrabassett Valley

APPLICATION

Please clearly print all information

Contact Information/demographics

Name:

Date of Birth:

Address:

City:

State:

Zip Code:

Home Phone #:

Cell/Work Phone #:

Social Security Number:

e-mail address:

Employer:

Position:

Ambulance/Rescue Service Affiliation:

Name of Service:

Location:

Name of Chief/Captain

How long:

Are you a licensed provider in the state of Maine? Yes No

License number: _____ Level: _____

Are you currently involved with patient care with an ambulance/rescue service?

Yes No

If not, are you a member of a fire department or law enforcement agency providing emergency care?

Yes No

If not affiliated with emergency or public safety how will this training be used?

Education – Circle highest grade completed:

8 9 10 11 12 College: 1 2 3 4 Other:

Do you have a current Healthcare Provider or Professional Rescuer CPR card?

Yes No

Date Completed: ____/____/____ Instructor: _____

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Tri-County EMS requires a thorough background check of all applicants. A history of all past convictions, civil drug violations, pending charges or action taken against them. Completion of this section is mandatory. Failure to complete this section and/or failure to list all convictions, violations, pending charges or actions against applicant may result in denial of acceptance into course.

1. Have you ever been convicted* of any criminal offense**? Yes No

2. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? Yes No

3. Are charges pending against you in any state or Federal court? Yes No

4. Have you ever had any action taken, or action pending, against any profession license or certification you currently hold or have ever held? Yes No

* "Convicted" means a finding of guilty or a finding of not guilty by reason of insanity or mental illness or defect.

** "Criminal offense" is one that is punishable by a period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating After Suspension.

If you answered yes to either 1, 2, 3, or 4 above, you must provide the information requested below for any and all convictions. (Attach extra sheet if necessary)

Type of Offense:	Date of Offense:	Location of Offense:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For each criminal conviction listed above, you must enclose:

* A copy of the police reports for the aforementioned conviction(s), offense(s) or violation(s). Contact the Police Department, District Attorney or your own attorney for this information. If you are unable to obtain the police report from any of the aforementioned sources, you must provide the Committee with notarized letters from each agency or office attesting that the documents are no longer in the agencies' or office's possession.

* Copy of court records regarding the convictions/offenses/violations (including a copy of the Indictment, the Docket Record and Judgment and Commitment, if applicable).

* Specific written explanation, in your own words, of the offenses/violations for which you were adjudicated (Who, What, Where, When, How, and Why).

* Letter from your probation/parole officer indicating successful completion of probation/parole (if applicable).

* Any letters of recommendation you wish to submit in support of your application.

Have you ever been convicted or forfeited bail for a traffic violation other than a parking violation within the three years immediately preceding the date of application?

____ Yes ____ No

Have you been convicted of a felony or misdemeanor other than any traffic violation listed above within ten (10) years immediately preceding the date of the application?

____ Yes ____ No

If yes, please explain in detail here or on a separate sheet of paper _____

I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or revocation of this application.

If accepted into the program, I agree to adhere to Tri-County EMS standard, and upon successful completion, will practice within the scope of the approved Maine EMS protocols.

I agree to submit to a criminal background check. I understand that any finding on my background check will require further review by the EMS program and may result in ineligibility to participate in clinical and therefore I may not be able to complete the course.

Signature of Applicant _____