Applying for (Che	eck One) Paramedic	EMT	First F	Responde	er		
PERSONAL INFORMATION							
Name:Last	First		MI	DOB:_			
Mailing Address:							
City:	State:		Zip	D:			
Physical Address:	<u> </u>						
City:	State:		Zi	p:			
Home Phone:		Work Pho	one:				
Cell Phone:		Pager:					
Email Address:							
Full Time Occupa	ation:						
Education	·						
LEVEL	Name/City, ST	Degree/I	Major/N	<u> </u>	Mon/Yr	GPA	
High School Vocational							
College							
Graduate							
Other							
	seek any further education you interested in studying:	? Y N					
Military							
Branch:	Active	Active: Y N		Reserves: Y N			
Rank:	Discha	Discharge Date:		Yrs of Service:			
		-					
Skills/Specialties	S:						
Skills/Specialtie	S:						

21, S. Bookout	11044, 3014	, 20 00.01 (505	, 020 7011	
Hobbies and Interests:				
Why do you want to join HRT	?			
Please check all applicable box	ICENSES/CER kes – legible copi applica	ies of all certification	ons must be	included with
CERTIFICATION/LICENSE	EXP DATE	SCHOOL	GPA	Official Use
CERTIFICATION VEIGENSE	EM DITE	DATE GRAD	J GI /I	Only
CPR/BLS For Healthcare Provider				
First Responder Certifying Authority:				
EMT-Basic IV Approved (circle one): YES NO EKG Approved (circle one): YES NO				
EMT-Intermediate				
EMT-Paramedic				
ACLS Certification				
PALS Certification				
PHTLS/BTLS				
Other Certifications:				
EMERGENCY VEHICLE DRIVER TRAINING				
Emergency Vehicle Operator Certification (Circle One): YES NO				
Certifying Authority: Date of Completion: Please include copy of course completion certificate.				

317 S. Lookout Mtn. Road, Golden, CO 80401 (303) 526-9571

EMPLOYMENT HISTORY

Have you ever been terminated by an employer or been asked to resign in lieu of termination?

YES

NO

NO Previous Employment

Start with current/most recent employer first

Employer Name:			
Address:			
City:	State:	Zip:	
Dates of Employment: From	to		
Supervisor Name: Duties:		Title:	
Reason for leaving:			
May we contact this employer?	YES	NO	
Employer Name:			
Address:			
City:	State:	Zip:	
Dates of Employment: From	to		
Supervisor Name: Duties:		Title:	
Reason for leaving:			
May we contact this employer?	YES	NO	

Employer Name:			
Address:			
City:			
Dates of Employment: From		to	
Supervisor Name:		Title:	
Duties:			
Reason for leaving:			
May we contact this employer?	YES	NO	
Employer Name:			
Address:			
City:	State:	Zip:	
Dates of Employment: From		to	
Supervisor Name:		Title:	-
Duties:			
Reason for leaving:			
May we contact this employer?	YES	NO	
Please provide three personal ref		RENCES om you have known for greater th	an one vear
-		VG relatives.	
Name:		Phone:	
Relationship:		# Years Known:	
Name:		Phone:	
Relationship:			
Name:		Phone:	
Relationship:		# Years Known:	

SIGNAT	ΓURE
I attest that the information contained in this app knowledge. I also understand that if any informa- for denial of membership or termination of memb general background check to include a motor veh	ation is knowingly falsified, it may be grounds bership. I also hereby give my consent for a
Signature:	Date:
HRTAD US	E ONLY
Recd:	
App:Date:	
Disapp:Date:	