

Eastern Pennsylvania Tactical EMS Team – Region 2

(EPATEMST2)

Candidate Application

Name: _____

Address: _____

Cell Number: _____ Driver License # _____ State _____

Email: _____

Facebook Name: _____

Twitter Name: _____

Instagram Name: _____

Date Certified as a Paramedic/HPRN: _____

Number of Years' Experience as a Paramedic/HPRN: _____

Name of Current Employer: _____

Supervisor Name: _____

Supervisor Contact Number: _____

EMS Experience (Do not list again if listed above)

Organization Name: _____

Dates of Service - Start Date: _____ End Date: _____

Supervisor Name: _____ Contact #: _____

Medical Director Name: _____ Contact #: _____

Organization Name: _____

Dates of Service - Start Date: _____ End Date: _____

Supervisor Name: _____ Contact #: _____

Medical Director Name: _____ Contact #: _____

Organization Name: _____

Dates of Service - Start Date: _____ End Date: _____

Supervisor Name: _____ Contact #: _____

Medical Director Name: _____ Contact #: _____

Current Certifications:

- ACLS PALS PHTLS TCCC TECC TP-C: _____
 CONTOMS: _____ Other: _____ Other: _____

Current Tactical Training:

Class/Course/Certification Name: _____

Class/Course/Certification Name: _____

Have you ever been convicted of a crime that would prohibit you from appointment to this Team?

- No Yes

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize Eastern PA Tactical EMS Team – Region 2 representatives to verify their accuracy and to obtain reference information on my work performance. I hereby release Eastern PA Tactical EMS Team – Region 2 representatives from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an appointment decision based on such information.

I understand that prior to appointment to this team, a criminal background check will be conducted.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature of Applicant _____ Date: _____

Completed Application must be emailed to:

Mike Sorrentino at: mike@easternemscouncil.org