



King County Emergency Medical Services

Basic EMT S.T.A.R Application Form

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|--------------|---------|--|--|----------------|
| DATE | | OFFICE USE ONLY x Spring Fall Year 2021 | | |
| FIRST NAME | | MIDDLE NAME | | LAST NAME |
| ADDRESS | | CITY | | STATE ZIP |
| PHONE NUMBER | | ALTERNATE NUMBER | | |
| EMAIL | | | | |
| AGE* | GENDER* | RACE/ETHNICITY* | | |

*OPTIONAL: This information helps us better understand our applicants and where we can improve our recruiting efforts. It will not be used in the selection process.

REFERRED BY

| | | |
|------|--------------|-------|
| NAME | PHONE NUMBER | EMAIL |
|------|--------------|-------|

REFERENCES

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| NAME | PHONE NUMBER | EMAIL |
| NAME | PHONE NUMBER | EMAIL |
| NAME | PHONE NUMBER | EMAIL |

HOW DID YOU HEAR ABOUT THIS PROGRAM?

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REQUIREMENTS

- A High School Graduate or G.E.D.
- At least 18 years of age before the start of class
- Possess a valid Washington State Driver's License
- Must be able to provide transportation to and from class and clinical site
- Be CPR Certified*
- Acquire a passing score on a pre-class first aid test*
- Must pass a criminal background investigation
- Must be current on selected immunizations**

*Training will be provided prior to the beginning of class.

**Arrangements can be made through Emergency Medical Services to acquire these.

OVER

