



## **King County Emergency Medical Services Basic EMT S.T.A.R Application Form**

DATE				OFFICE USE ONLY						
				x Sprin	ng Fall Year 2021				2021	
FIRST NAME MIDI			NAME			L	LAST NAME			
			T			<u> </u>				
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									orts. It will not	
be used in the selection process.										
REFERRED BY										
NAME PHONE		PHONE NUM	E NUMBER		EMAIL					
REFERENCES										
NAME		PHONE NUMBER			EMAIL					

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

## HOW DID YOU HEAR ABOUT THIS PROGRAM?

## 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.

NA	ME		OFFICE USE		
Complete each of the items below by checking the box to the left of the question and provide information as needed.					NO
1.	1. Are you 18 years or older?				
2.	2. Are you a high school graduate or G.E.D.? Year graduated Where?				
3.	Are y	ou a King County resident?			
Complete each of the items below by checking the box to the left of the question and provide information as needed.				YES	NO
4.	Do yo	ou have a Washington State Driver's License?			
5.	Are y	ou CPR certified?			
sele	cted?				