

# Mt. San Antonio College

Public Safety Programs, 28B-208  
Attn: Michelle Navarro  
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TEL: (909) 274-5148  
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For Office Use Only:

Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Transcripts:  HS  College

Official:  HS  College

College Orientation

Priority Registration Date: \_\_\_\_\_

## APPLICATION FOR PARAMEDIC ACADEMY

Please check the program you are applying for: Fall  Spring  Year \_\_\_\_\_

### APPLICATION MUST BE TYPED

Handwritten applications will not be accepted

Application must be signed in black ink

### Personal Information

Mt. SAC Student ID Number: \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Previous Last Names \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CA EMT License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

### General Information

If you are presently employed, may we contact your employer for a reference?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about this program:**     Friend/Relative     Ad     Mt. SAC Graduate     Other \_\_\_\_\_

To accurately determine institutional compliance with Federal Rights Act of 1964, the Department of Health Education and Welfare requires Mt. San Antonio College to collect the following data: (Please select one)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Filipino         |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin)    | <input type="checkbox"/> Other            |
| <input type="checkbox"/> White (not of Hispanic origin)    | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Hispanic                          |   |

Gender:     Female     Male

### Medical Experience

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Medical Military Experience  | Number of Years: _____ |
| <input type="checkbox"/> EMT-1 (Attach Documentation) | Number of Years: _____ |
| <input type="checkbox"/> R.N./L.V.N                   | Number of Years: _____ |
| <input type="checkbox"/> Other                        | Specify: _____         |

### Applicants must answer the following, attach additional documentation if necessary:

Have you previously attended an EMT-Paramedic Program?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for an EMT-P certificate in any County/State and have been denied?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been or are you currently the subject of a formal pre-hospital certification disciplinary action or proceeding?    Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been cited/convicted of a misdemeanor or felony?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

# Education

Have you taken Mt. San Antonio College Assessment Questionnaire: If yes,  Yes  No

please provide date Assessment Questionnaire was taken: \_\_\_\_\_

## High School, College, University, Etc. Attach additional pages if needed.

<b>High School:</b>		<b>Address:</b>	
<b>From:</b>	<b>To:</b>	<b>Did you graduate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Diploma Earned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GED Earned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>College:</b>		<b>Address:</b>	
<b>From:</b>	<b>To:</b>	<b>Did you graduate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree Earned:</b>
<b>College:</b>		<b>Address:</b>	
<b>From:</b>	<b>To:</b>	<b>Did you graduate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree Earned:</b>
<b>Other:</b>		<b>Address:</b>	
<b>From:</b>	<b>To:</b>	<b>Did you graduate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree Earned:</b>

# Employment History

This section must be completed, list most recent employment first. Include all employment, military service, and volunteer service since completing high school. Attach additional pages if needed.

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>
<b>May we contact your previous Supervisor for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>
<b>May we contact your previous Supervisor for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Supervisor:</b>
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Reason for Leaving:</b>
<b>May we contact your previous Supervisor for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please submit copies of the following with your application:**

1. Current BLS/CPR for First Responders card
2. Current California EMT card
3. Valid CA Driver’s License
4. EMT Experience letter from your Employer, verifying 1,000 completed hours as an EMT. This letter must be on official letterhead with a “wet” supervisor signature.
5. Military applicants need to provide DD-214 form.
6. Proof of High School Diploma/Transcript or equivalent
7. Official College Transcripts
8. Proof of Mt. SAC College Orientation completion - You can submit a screenshot of your completed Orientation through the Checklist on the Mt. SAC Portal under Student tab
9. Submit Mt. SAC Assessment Questionnaire (AQ) Result with minimum eligibility in English 1A, Math 91, and Read 90. The AQ may be waived if you have a degree (AA, BA, MA, etc.) from a California UC or Cal State school. Your counselor can provide more information.

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand and agree that any falsification or omission may disqualify me from consideration from acceptance and may be grounds for dismissal from Mt. San Antonio College Paramedic Academy.

Additionally, I authorize Mt. San Antonio College to verify the statements made on or in connection with this application.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_