



EMT/PARAMEDIC INTERN APPLICATION



City of Kansas City Missouri, Office of the EMS Medical Director
Dr. Joseph Salomone, M.D, FAAEM 2400 Troost Avenue, Suite 4200, K.C. MO 64105

	Test Dates	Score
Email Notification sent to MAST ___ & Student ___		%
		%
Today's Date: _____		%

EMT		PARAMEDIC		
Driver _____	Intern _____	Driver _____	Intern _____	Paramedic _____

OTHER	
System Status Controller _____	Mobile Emergency Nurse _____
KCFD EMT/First Responder _____	KCI EMT/First Responder _____

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Cell Number: () _____

Birth Date _____ Age _____ Eye Color _____ Hair Color _____ Ht' _____ Wt' _____

EMAIL ADDRESS: _____

Name of Current Employer _____

Job Title _____

How Long at Current Address: _____ years: _____ months: _____

List all Previous Addresses for the last five years: _____

Describe Formal Training, Certificates and Licenses in EMS, (Please include dates and name of schools):

Has your operator's or chauffer's license ever been suspended or revoked? If yes, when where and for what reason? _____

Have you ever been convicted for driving under the influence or alcohol or drugs? If yes, where and for what reason? _____

Have you ever been convicted of a felony or misdemeanor? If yes, when, where and for what reason? _____

Have you ever been convicted for any other motor vehicle violation? If yes, when, where and for what reason? _____

HEALTH ASSESSMENT

Are you TB "Positive"? _____
If yes, are you currently on medication or receiving treatment? _____
If yes, what physician or agency? _____

List and describe any past hospitalization: _____

If you have been subject to any acute or chronic diseases of the following categories: Heart Disease, Lung Disease, GI Disease, Kidney Disease, Back or Joint Disease, Neurologic or Muscular Disease, Psychiatric Illness, describe the particular history: _____

In general, evaluate your health: _____

CERTIFICATION

This is to certify that all statements made on this application are true to the best of my knowledge. I am not addicted to the use of drugs or alcohol. I acknowledge and consent to the release of all documents required for the evaluation of this application to the appropriate officials of the KCMO Office of the EMS Medical Director.

Applicants Signature: _____ Date: _____