

NOR-CAL EMS BACKGROUND INVESTIGATION QUESTIONNAIRE

Answer all questions and return with all other required background investigation materials.

1. Name: _____ Age: _____

2. Address: _____

3. Telephone # () _____ Message Number () _____

4. E-Mail: _____

5. Level of Certification Applying for (check all that apply):

First Responder EMT-I EMT-II

6. Are you currently or have you been certified by another EMS Agency/State?

Yes No

7. If yes, please list the agencies and/or states, also include certification number: _____

8. List all Penal Code and Health and Safety Code Sections which, you have been convicted of and complete the Statement of Criminal History for each violation:

9. Are you on Probation or Parole (circle the appropriate one)? Yes No

10. If yes, list the date your probation/parole ends: _____

11. If yes to #8, provide name and number of probation /parole officer: _____

12. Are you required to participate in a drug/alcohol rehabilitation program?

Yes No

13. If yes, provide the name of the program, the name and number of your program coordinator: _____

Print Name & Sign

Date