



DEER PARK VOLUNTEER AMBULANCE

Volunteer Ambulance Co. since 1948
19 N. Arnim (P.O. Box 596), Deer Park, WA 99006
Phone: (509)276-2789 Fax: (509)276-2363

Dear Applicant:

Thank you for your interest in a position with Deer Park Volunteer Ambulance.

Deer Park Ambulance is a Non-Profit, Non-Tax Supported Advanced Life Support Agency serving an area of approximately 630 square miles. We provide transportation of the ill and injured in the communities of Northern Spokane County Fire District #4, Stevens County Fire Protection District #1 and Southern Pend Orielle County. The population in excess of 50,000 includes five school districts, two major highways and many lake and resort areas,

Please provide the following documents to complete your application process.

- Cover letter
- Resume
- Completed Application

Copies of:

- National Registry Certification
- Washington State Certification
- Healthcare Provider CPR card
- Washington State Driver's License
- Current Washington State Drivers Abstract (3 years) Can be printed online

Time of Appointment:

- Copy of social security card
- 1-9 Form
- W-4
- Copies of FEMA Course Completion ICS 100, 200, 700, 800

If you have any further questions, please contact us.

Sincerely,

Deer Park Volunteer Ambulance Administration



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Full-Time Paramedic Application

All information and references given on this application may be verified by DPVA

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	DOL Number:	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked in EMS before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a membership, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date