FIRE DEPARTMENT
SANTA CLARA COUNTY

Firefighter/Engineer – Paramedic
Supplemental Questionnaire

Internationally Accredited Agency

Name: _____ Date: _____

1. **As of this date, how long have you been a licensed Paramedic (out of school and licensed by a State or National Registry)?**

   _____ Years _____ Months

2. **As of this date, how long have you been working as a field paramedic, providing service on an ambulance, fire apparatus, or other similar unit responding to 9-1-1 calls for service and providing advanced life support care?**

   _____ Years _____ Months

   ☐ Full-time or ☐ Part-time experience?

   If Part-time, how many hours per week? _____

   NOTE: Full-time is considered a minimum of 40 hours per week.

3. **Do you currently possess a valid, California Paramedic License?**

   ☐ Yes ☐ No *(Please provide a copy with your application).*
   - Initial date of <u>first</u> California paramedic license received:_____
   - When does your current California paramedic license expire? _____
   State of California Paramedic License #: _____

4. **Are you currently locally accredited as a Paramedic with a California, County or Local EMS Agency?**

   ☐ Yes ☐ No *(Please provide a copy with your application).*

   - County/Local EMS Agency you are accredited with:_____

5. **Do you currently hold certificates in the following subjects, and if so, what are their expiration dates?** ***(Please provide a copy of each with your application).***

   ☐ ACLS Expiration Date: _____
   ☐ PALS Expiration Date: _____
   ☐ PEPP Expiration Date: _____
   ☐ PHTLS Expiration Date: _____

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6. **Please provide information relating to your <u>paramedic field</u> experience, starting with your most current employer:**

   Name of employer:_____
   City / State: _____
   Job title: _____
   Month/Year employment started: _____
   Month/Year employment ended: _____

   ☐ Full-time or ☐ Part-time? If Part-time, how many hours average per week? _____

Name of employer: _____
City / State: _____
Job title: _____
Month/Year employment started: _____
Month/Year employment ended: _____

☐ Full-time or ☐ Part-time? If Part-time, how many hours average per week? _____

Name of employer: _____
City / State: _____
Job title: _____
Month/Year employment started: _____
Month/Year employment ended: _____

☐ Full-time or ☐ Part-time? If Part-time, how many hours average per week? _____

Name of employer: _____
City / State: _____
Job title: _____
Month/Year employment started: _____
Month/Year employment ended: _____

☐ Full-time or ☐ Part-time? If Part-time, how many hours average per week? _____

NOTE: If you need more space, please use an additional sheet of paper or the back of this form.

Applicant Certification:

I certify that I meet the announced requirements for this examination and understand that I will be eliminated in any stage in such examination if it develops that, in fact, I do not meet them. I further certify that all statements made in this application are true and I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the Santa Clara County Fire Department.

_____ _____
Signature Date