

EMS ACADEMY





The EMS Academy has been developed by the Butler County Commissioners, Butler County Community College, and the EMS Services in Butler County to provide training and support to our citizens who have an interest in becoming an Emergency Medical Technician (EMT) and keeping the communities in Butler County safer.

Our goal is to identify Butler County residents who wish to attend a compensated academy-style eight-week course that will provide the information necessary to become an Emergency Medical Technician (EMT).

Candidates will attend classes at the BC3 Main Campus from 8:00 AM to 5:00 PM from Monday to Thursday each week and then rotate between the EMS Services and Independence Health Care – Butler Memorial Hospital for on-the-job training on Friday (Saturday & Sunday schedule permitted).

Eligible candidates should complete this application and submit a cover letter that includes their reasoning for being considered for acceptance into the EMS Academy.

Eligible persons should have the following:

- Provide proof of residency in Butler County, Pennsylvania for at least one year before the application date.
- Be at least eighteen or older at the beginning of the EMS Academy class.
- Current and unrestricted Pennsylvania driver's license
- High school Diploma or GED

Candidates for the EMS Academy must be able to complete the following items if accepted:

- Pennsylvania State Police Criminal History Background Check
- Child Protective Services Law Criminal Background Check
- Federal Bureau of Investigation Criminal Background Check Fingerprint-based
- Physical screening by a licensed physician
- Provide a history of immunizations received
- Submit a blood sample for testing to prove current immunization
- Submit to a 10-panel urinalysis for drug testing

All completed applications will be reviewed by the Candidate Selection Committee for inclusion into the program.

Butler County Community College EMS & Police Training Department 107 College Drive Butler PA, 16002

The Candidate Selection Committee will consider applicants for the EMS Academy programs without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of any disability, or any other legally protected status. Answers to application questions will be utilized for applicable, academy-related information only. Equal opportunity employer.



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CANDIDATE ENROLLMENT APPLICATION

This application is to provide information and establish eligibility criteria for enrollment in this educational initiative between Butler County, Butler County Community College, and the established EMS Agencies in Butler County Pennsylvania.

CANDIDATE INFORMATION										
Name										
	Last Name				First Name		Middle Name			
Address	Street									
					City		State		р	
Contact										
	Primary Phone			Secondary Phone		Email	Email Address			
REFERENCES										
Please provide the names and knowledge of your qualification						elated to y	ou, and	d who	have	
] Personal		Profes	sional	
Name	Primary Phone				Email address	Rel	ationshi	р		
						Personal		Profes	sional	
Name	ame Primary Phone				Email address	-	ت ationshi		3101101	
		initiar y i	none					9		
						Personal		Profes	sional	
Name	Primary Phone		hone		Email address	Relationship				
PERSONAL DATA										
Are you a U.S. Citizen		Yes		No	If no Please indicate visa classification					
Are you 18 years of age?		Yes		No						
Do you have a High school Diploma or a GED?		Yes		No						
Do you work for an EMS Servic	e that is l	located	l in Butl	er Cou	nty?		Yes		No	
If yes which service?						_				
Do you reside in Butler County, Pennsylvania?							Yes		No	
Do you have a current Pennsylvania Driver's license?							Yes		No	
Has your driver's license been suspended or revoked?							Yes		No	
Have you ever been convicted					•		Yes		No	
Have you been subject to disciplinary action or had a certification, license, or authority to practice any profession or occupation revoked, suspended, or restricted?						Yes		No		
Have you previously been a Pennsylvania EMS student or held EMS or EMSVO Certification?							Yes		No	
Do you have any concerns with getting an employment-related physical, urinalysis drug screening, and updated immunizations?							Yes		No	
Are you currently employed and will your schedule permit attendance to the EMS Academy with our restriction or accommodation?							Yes		No	



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Please list any licenses, certificates, or special skills that you possess related to this application or the EMS Academy.

Is there anything that you would like us to know about you?

Please provide your current or most recent Employer.											
Company Name			Supervisors Name								
Address			City	State		Zip					
Primary Phone #			May we contact them?		Yes		No				

APPLICANTS CERTIFICATION

I hereby certify that the statements and information contained in this application and other materials submitted are true, complete, and correct to the best of my knowledge and belief. I release all parties and persons from any claims, lawsuits, and any liability whatsoever for damages that may result from furnishing this information.

I understand and agree that:

- Any misrepresentation, falsification, or material omission of information on this application may result in my failure to include in this initiative or my dismissal from the EMS Academy.
- Filing an application for enrollment does not guarantee placement into the current class or future classes.

• The information contained herein will be held confidential and is, together with any attached papers, the property of the EMS Academy.

Signature of Applicant

Date

Applications are to be returned to the Butler County Community College, EMS Office 107 College Drive Butler PA 16002 or email to <u>ems@bc3.edu</u> with EMS Academy Application in the subject line.