



LTS-EMS Council

Instructor Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cell Phone	Other Phone		
Social Security No.	Application for:	<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> Rescue Instructor

EDUCATIONAL BACKGROUND			
Circle the highest level completed, or indicate possession of graduate equivalent degree (GED)			
GED	High School	College	Graduate Degree
List your educational diplomas or degrees. Start with your most recent.			
Institution	Degree	Major	Dates

REFERENCES	
<i>Please list three references who are familiar with your performance in emergency medical care and/or teaching..</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

OCCUPATIONAL INFORMATION

Provide the information requested below for all present employers; please provide information if self-employed and also part time employers.

Employer's Name	Address	Your Title Duties	Dates of Employment

EMERGENCY SERVICES EXPERIENCE (FIRE, EMS, RESCUE TEACHING)

(List the most recent experience first)

Organization Name	Type of Experience	Duties	Time Frame

EMERGENCY SERVICE CERTIFICATES (EMS, FIRE, RESCUE, TEACHING)

Certification	Date Certified	Expiration Date	Cert #	Course Location

Note: Please include copies of the above listed certifications with your application.

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Answer the following questions in the space provided:

1. Explain why you wish to be an EMT or Rescue Instructor

2. Describe how your emergency services background will enable you to be an effective instructor.

3. Describe the type and extent of any instruction/training experience that you have had.

Candidate's Signature:

Date:

Signature of County Coordinator:
(If candidate is not accepted, reason(s) must be documented.)

Date:

Completed twenty (20) hours of assistance instructor time with county training institute or certified rescue instructor. (Evaluations enclosed)

Institute or rescue class:

Date:

Signature:

Date: