



Mutual Aid Ambulance Service, Inc.

Training Division
561-563 West Otterman Street
P.O. Box 350
Greensburg, PA 15601
Phone: 724-837-6134;182 Fax: 724-837-2810
www.mutual-aid.com

Emergency Medical Technician Basic- Training Course Application

Summer 2021

Section I: Personal Information

Name (First, Mi., Last): _____

Mailing Address: _____

Street, P.O. Box

City

State

Zip

Age: _____ Date of Birth: _____ (Applicants must be at least 16 years of age)

Phone Number: _____ Email Address: _____

Section II: Educational History (GED, High School, Undergraduate, Post-graduate, Other)

Name of Institution	Address	# Years Completed	Year of Graduation



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Section III: Employment History

Employer	Address	Phone Number	Supervisor	Dates

Section IV: Healthcare/Public Safety Affiliations

Agency Type	Name	Role	Professional Certifications
Emergency Medical Services			
Fire Department			
Hospital System			
Other			

Section V: Professional References (non-relative)

Name	Phone Number	Relationship



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Section VII: Applicant Certification

The Mutual Aid Ambulance Service Inc. Training Institute's equal opportunity goal is to provide equal opportunity through the recruitment and promotion of individuals at all levels within the structure without regard to race, color, sex, age, disability, veteran status, religions, national origin, or sexual orientation. The Institute has officially adopted and reaffirms its non-discrimination/equal opportunity policy as follows:

No citizen of the United States, or any other person within the jurisdiction thereof, shall on the grounds of race, color, sex, age, disability, veteran status, religion, national origin, or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination in employment or under any educational program or activity of the Training Institute. No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements may result in a withdrawal of my application or dismissal from class. I authorize the Mutual Aid Ambulance Service, Inc. Training Institute to make an investigation of any facts set forth in this application.

Signature

Date

Please submit all applications, via email (preferred) or mail to:

Brian J. Kosczuk, Education Director, at bkosczuk@mutual-aid.com

Mail:

Mutual Aid Ambulance Service, Inc.

C/O Brian J. Kosczuk, Education Director

561 West Otterman Street, P.O. Box 350

Greensburg, PA 15601

**** Applications submitted by other means will not be accepted ****