



Mutual Aid Ambulance Service, Inc.

Training Institute
561-563 West Otterman Street
P.O. Box 350
Greensburg, PA 15601

Phone: 724-837-6134; 142 Fax: 724-837-2810

www.mutual-aid.com

Emergency Medical Technician Basic- Training Course Application

Spring 2024

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

Section VI: Personal Statement

In 1,000 words or less, please include other interests and hobbies, honors and/or awards, future goals, and the development of your personal interest in emergency medicine. Please type and attach to this application.



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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 electronically, via email to:

Admissions@mutual-aid.com

The subject line of the email should read "EMT APPLICATION- (YOUR NAME)"

Applications submitted by other means will not be accepted.

**** All applications must be submitted by November 24, 2023! ****