

EMS STAFF APPLICATION

Thank you for your interest in employment at State Farm Center. Please fill out each section of the application, as incomplete applications will not be accepted.

Personal Information					
Name:					
LAST	FIRST		MIDDLE INITIAL		
Phone:	Email:				
Local Address:					
NUMBER	STREET		CITY		ZIP
What level of EMT License do you have	? (Circle One)	EMT-B	EMT-I	EMT-P	PHRN
Do you hold a valid CPR card? (Circle One)				YES	NO
Advanced Providers only. Are you curre	ent in ACLS and P	ALS? (C	ircle One) YES	NO
Are you a student at the University of Illinois? (Circle One)				YES	NO
Are you currently employed by the Universit	ty of Illinois (Full-tim	e OR Par	t-time)?**	YES	NO
If Yes, what department?					
Are you over the age of 18? (Circle One)**				YES	NO
Are you a SURS annuitant? Which dep	artment?			YES	NO
Work Experience / Schedule Questions					
What days of the week/hours are you av	vailable to work?				
Do you have any previous work experience employment and phone numbers.	nce? Please list re	ferences	, includir	ng length o	of
Do you have any other jobs, training, an work?	nd/or certifications	that woul	d be ben	eficial for	EMS
Why are you applying for this job?					
How did you find out about this position	?				
"Thank you for applying for a job at State Farm Cent currently enrolled in High School, or those who ar					
Signature:	Dat	e :			