

{ } YES { } NO

Have you ever been convicted of **ANY** felony or misdemeanor offense in California or in any other state or place, including entering a plea of *nolo contendere* or no contest? If yes, YOU MUST ATTACH a detailed written explanation to this application describing the crime, the date, location, court, sentence served, if any, and parole, if any. YOU MUST ATTACH any court documents and police records. YOU MUST DISCLOSE any conviction which has been expunged under Penal Code section 1203.4.

{ } YES { } NO

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, or revoked? If yes, or if you are under formal investigation at this time, YOU MUST ENCLOSE with this application, a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

{ } YES { } NO
probation?

Is your professional license, certification, or accreditation on probation? If your current license, certification, accreditation, or professional healing arts is currently on probation because of disciplinary action, YOU MUST ENCLOSE with this application, a written explanation which describes the action, any corrective action, and/or remediation because of the action.

If you answered "YES" to any of the questions above, YOU MUST ATTACH a written explanation and other documents to the application as required. The EMS Agency will evaluate this information before issuing the certification. If you fail to answer the questions, your application will not be processed.

I certify that all information on this application is true and correct to the best of my knowledge and belief. I understand all information on this application is subject to verification and a criminal background check may be conducted. I hereby give my express permission for the EMS Agency to contact my employer(s), previous employer(s), prospective employer(s), law enforcement, training programs, and certifying agency(ies) for information. I further authorize the release of information by my employer, certifying agency, law enforcement and/or training program which is relative to my role and function as an EMT-1 in California. I also understand that providing false information or withholding information is perjury and may result in action against my certification, which may result in revocation. In addition, I acknowledge that I must immediately report any criminal convictions to the EMS Agency.

Signature
02/02

Date