

Name: \_\_\_\_\_

**CLOVERDALE HEALTH CARE DISTRICT**  
**POSITION: PARAMEDIC**

Dear Applicant:

Please complete the attached application and include copies of the following documents:

- a. Driver license
- b. *Ambulance driver certificate-Optional Requirement*
- c. *Current DMV medical examination certificate-Optional requirement*
- d. California State Paramedic License Card
- e. County accreditation card(s) currently held
- f. BCLS card
- g. Other certificates (ACLS BTLS, PALS, Instructor cards, etc.)

The following questions are required to be answered by a prospective applicant under Title 13 of the California Administrative Code:

- 1. Are you required under Section 290 of the Penal Code to register as a sex offender for any offense involving force, duress, threat, or intimidation? \_\_\_\_\_
- 2. Do you habitually or excessively use or are you addicted to narcotics or dangerous drugs, or have you been convicted during the preceding seven years of any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs?  
\_\_\_\_\_
- 3. Do you habitually and excessively use intoxicating beverages? \_\_\_\_\_
- 4. Have you been convicted during the preceding seven years of any offense punishable as a felony and involving force, violence, threat, or intimidation, or have you been convicted of theft in either degree during that period? \_\_\_\_\_
- 5. Have you committed any act involving moral turpitude, fraud, or intentional dishonesty for personal gain, within the preceding seven years? \_\_\_\_\_
- 6. Have you demonstrated irrational behavior or incurred a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that your ability to perform the duties normally expected of emergency personnel may be impaired?  
\_\_\_\_\_
- 7. Are you presently on parole or probation for any felony, theft, or any crime involving force, violence, threat, or intimidation? \_\_\_\_\_

Please answer yes or no to the preceding questions (if you need to explain further, do so on a sheet of paper) sign and date this form and addendums. Any omission, falsification or misrepresentation of the above may be grounds for dismissal. This document will be kept confidential.

ADDITIONAL: Have you ever had a a LEMSA accreditation revoked \_\_\_\_\_?

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_