

# HENNEPIN COUNTY EMS SYSTEM PARAMEDIC PERSONNEL RECORD

## SECTION 1 - TO BE COMPLETED AND SUBMITTED UPON HIRING TO HENNEPIN COUNTY PUBLIC HEALTH

Send this form as an attachment to your e-mail addressed to [chd.ems@co.hennepin.mn.us](mailto:chd.ems@co.hennepin.mn.us)

Name: _____	ALS Service: _____
Address: _____ _____	Date of Employment: _____
	State EMT-P No.: _____
	State ID Expires: _____
Projected Date Off Probation: _____	Other Paramedic ID _____
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Hours/Payperiod _____

**EDUCATION** (Check the highest grade completed)

High School 1  2  3  4  College 1  2  3  4

**PREVIOUS AMBULANCE EXPERIENCE**

SERVICE	DATES OF EMPLOYMENT	EMT OR PARAMEDIC
_____	_____ TO _____	_____
_____	_____ TO _____	_____
_____	_____ TO _____	_____
_____	_____ TO _____	_____
Paramedic Training Program	_____ Date Graduated _____	_____

## SECTION 2 - TO BE COMPLETED AND SUBMITTED UPON COMPLETION OF PROBATION TO HENNEPIN COUNTY PUBLIC HEALTH

Send this form as an attachment to your e-mail addressed to [chd.ems@co.hennepin.mn.us](mailto:chd.ems@co.hennepin.mn.us)

This paramedic meets the standards as indicated in the Hennepin County Regulations for Advanced Life Support Transportation Services and completed their medical probation on \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
ALS Service Medical Director / Designee

