



FIELD EXPERIENCE VERIFICATION

Applicant Instructions: **TYPE ONLY (written forms will not be accepted)**

1. Complete Sections A & B for applicant information and employment history.
2. Complete Section C for work experience within the last three (5) years
3. Submit this form with your application packet.

Section A: Applicant Information			
Name:			
<i>first</i>	<i>middle</i>	<i>last</i>	
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Contact Information:			
<i>phone</i>		<i>email</i>	

Section B: EMS Employer or Volunteer Organization Information			
Reference #1			
Organization Name: _____			
Supervisor's Name: _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Contact Information: _____			
<i>phone</i>		<i>email</i>	
Dates of Employment: _____			
<i>From</i>	<i>to</i>	<i>avg hours worked per week</i>	
Reference #2			
Organization Name: _____			
Supervisor's Name: _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Contact Information: _____			
<i>phone</i>		<i>email</i>	
Dates of Employment: _____			
<i>From</i>	<i>to</i>	<i>avg hours worked per week</i>	

Reference #3			
Organization Name: _____			
Supervisor's Name: _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Contact Information:	_____	_____	
	<i>phone</i>	<i>email</i>	
Dates of Employment:	_____	_____	
	<i>From</i>	<i>to</i>	<i>avg hours worked per week</i>

**If more references are needed, use additional form(s).*

Section C: Type of EMS Work Experience		
Indicate type of work experience and relevant hours:	check all that apply	hours
Type 1 - Working as an EMT with a Paramedic partner on an ambulance responding to 911 calls.	<input type="checkbox"/>	
Type 2 - Working as an EMT in the Emergency Department.	<input type="checkbox"/>	
Type 3 - Working as an EMT with a partner performing interfacility transfers, stand-by events, educational setting, etc. Please List Below: _____	<input type="checkbox"/>	
Type 4 - Other healthcare experience i.e. Military field experience, other In-hospital experience, etc. <i> Will be evaluated by program director for application scoring</i> Please List Below: _____	<input type="checkbox"/>	

I hereby certify that all of the information provided above is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of admission into the Paramedic program or immediate dismissal from Paramedic program regardless of the timing or circumstances of discovery.

Applicant Signature: _____ **Date:** _____