



IMPERIAL VALLEY COLLEGE
Health & Public Safety
Emergency Medical Services
380 E. Aten Road, Imperial, California 92251
Phone: (760) 355-6483 * Fax: (760) 355-6346



**Emergency Medical Services
PARAMEDIC PROGRAM APPLICATION**

PERSONAL REFERENCE FORM

Dear Personal Reference:

(Name of person giving reference)

I have given your name as my personal reference for my work as an EMT-I/EMT-II/Emergency Department RN. I give my permission for you to fill out this confidential evaluation and relinquish my right to ever see this completed form.

Signed _____
(Applicant's signature)

(Applicant's name printed)

Personal Reference, please fill out the following:

1. Please rate the applicant on the following characteristics. Check only those characteristics for which you feel you can give an honest, well informed opinion. Rate the applicant on a scale of 1 to 4.

1 = below average 2 = average 3 = above average 4 = exceptional

____ Alertness
____ Appearance
____ Cooperativeness
____ Dependability
____ Emotional Stability
____ Honesty
____ Leadership
____ Patient Care
____ Resourcefulness
____ Self-Motivation

____ Ambition
____ Ability
____ Courtesy
____ Dignity & Poise
____ Good Judgement
____ Initiative
____ Tact
____ Reliability
____ Self Control

2. ____ How do you place this applicant as suitable candidate for Paramedic Training? (1-4)

3. How long has the applicant worked for your agency? _____

4. Remarks: _____

Signed: _____

Date: _____

