



# 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

### EMPLOYER/SUPERVISOR EVALUATION FORM

Dear Employer/Supervisor \_\_\_\_\_:  
(Name of Employer/Supervisor)

I have given your name as my employer/supervisor 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 & Date)

### Employer/Supervisor, 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

- |  |   |
|--|---|
| <input type="checkbox"/> Alertness           | <input type="checkbox"/> Honesty            |
| <input type="checkbox"/> Ambition            | <input type="checkbox"/> Initiative         |
| <input type="checkbox"/> Appearance          | <input type="checkbox"/> Leadership Ability |
| <input type="checkbox"/> Cooperativeness     | <input type="checkbox"/> Patient Care       |
| <input type="checkbox"/> Courtesy            | <input type="checkbox"/> Reliability        |
| <input type="checkbox"/> Dependability       | <input type="checkbox"/> Resourcefulness    |
| <input type="checkbox"/> Dignity & Poise     | <input type="checkbox"/> Self Control       |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Self-Motivation    |
| <input type="checkbox"/> Good Judgment       | <input type="checkbox"/> Tact               |

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: \_\_\_\_\_  
Employer's Supervisor Signature

Download the application and save as a document (Example: John Doe - PARAMEDIC Employer Eval Form 2021) The document is fillable format, make sure to sign electronically where designated.

Please submit document to: [tricia.jones@imperial.edu](mailto:tricia.jones@imperial.edu)

