



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 | _____ Ambition |
| _____ Appearance | _____ Ability |
| _____ Cooperativeness | _____ Courtesy |
| _____ Dependability | _____ Dignity & Poise |
| _____ Emotional Stability | _____ Good Judgement |
| _____ Honesty | _____ Initiative |
| _____ Leadership | _____ Tact |
| _____ Patient Care | _____ Reliability |
| _____ Resourcefulness | _____ Self Control |
| _____ Self-Motivation | |

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: _____

