



# 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: \_\_\_\_\_