



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)

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: _____