

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.

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