

WEST HILLS COLLEGE LEMOORE PARAMEDIC PROGRAM

Work Experience in Emergency Medical Services (EMS) Verification

Applicant Instructions: *write legibly (illegible forms will not be accepted)*

1. Complete sections A and B.
2. Ask your **employer** to complete section C and return this form and their cover letter to you on company letterhead. **Make sure they list the position you hold at the agency.**
3. Submit this form, copy of EMT certification, and employer letter with your application.

A. Applicant Information				
Name:	<i>first</i>	<i>middle</i>	<i>last</i>	
Address:	<i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
Contact Information:	<i>primary phone number</i>	<i>secondary phone number</i>	<i>West Hills student email address</i>	
	()	()	@my.whccd.edu	
B. EMS Employer Information				
EMS Employer Agency Name:				
Type of Health Care Facility:				
Name & Title of Supervisor:				
Address:	<i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
Contact Information:	<i>primary phone number</i>	<i>secondary phone number</i>	<i>email address</i>	
	()	()		
C. Employer or Volunteer Coordinator- Please Complete This Section:				
Position held by applicant:				
Dates of Employment:		Start Date:	End Date:	
() Full Time () Part Time		Total number of hours worked per month		
() Please attach a cover letter on agency letterhead describing the applicant's work experience. Return this form and letter to applicant so they can submit with their application. Letter must include the applicant's name, start date and end date, employment status (full-time/part-time/volunteer), number of hours worked per month, and approximate total of hours worked. Include job title, department, and example of duties (including patient interaction)				
Name and title of person completing Section C		Signature	Date	