



EMT WORK EXPERIENCE VERIFICATION

Applicant Instructions: **TYPE ONLY** (written forms will not be accepted)

1. Complete Sections A & B for applicant information and employment history.
2. Complete Section C for work experience within the last three (3) years.
Minimum of 1,000 hours required.
3. Submit this form with your application packet.

| Section A: Applicant Information | | | |
|----------------------------------|---------------|--------------|------------|
| Name: | | | |
| <i>first</i> | <i>middle</i> | <i>last</i> | |
| Address: | | | |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| Contact Information: | | | |
| <i>phone</i> | | <i>email</i> | |

| Section B: EMS Employer or Volunteer Organization Information | | | |
|---|-------------|----------------------------------|------------|
| Reference #1 | | | |
| Organization Name: _____ | | | |
| Supervisor's Name: _____ | | | |
| Address: _____ | | | |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| Contact Information: _____ | | _____ | |
| <i>phone</i> | | <i>email</i> | |
| Dates of Employment: _____ | | | |
| <i>From</i> | <i>to</i> | <i>avg hours worked per week</i> | |
| Reference #2 | | | |
| Organization Name: _____ | | | |
| Supervisor's Name: _____ | | | |
| Address: _____ | | | |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| Contact Information: _____ | | _____ | |
| <i>phone</i> | | <i>email</i> | |
| Dates of Employment: _____ | | | |
| <i>From</i> | <i>to</i> | <i>avg hours worked per week</i> | |

