

## **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.								
first		middle	last					
Address:								
Street		City	State	Zip				
Contact Information:								
	phone		email					
Section B: EMS Employer or Volunteer Organization Information								
Reference #1								
Organization Name:								
Supervisor's Name:								
·								
Street		City	State	Zip				
Contact Information:	nhan		email					
phone  Dates of Employments		emati						
Dates of Employment:	From	to	avg hours worked per week					
Reference #2								
Organization Name:								
Supervisor's Name:								
Street		City	State	Zip				
Contact Information:								
	phone		email					
Dates of Employment:								
	From	to	avg hours worked per week					

One Hancock Drive, Lompoc, CA 93436 Phone: (805) 735-3366 Ext. 3282 | Fax: (805) 737-1784



Reference #3						
Organization Name	:					
Supervisor's Name:						
Address:						
Sti	reet	phone		State Zip		
Contact Information						
Dates of Employmen	•			email		
Dates of Employme	From	to	avg hours worked per we		week	
*If more references of	are needed, use o	additional form(s).				
Section C: Type of	EMS Work Exper	ience				
Indicate type of wo	check all that apply	hours				
Type 1 – Working a ambulanc						
Type 2 – Working a						
Type 3 – Working a transfers, Please List Below:						
I hereby certify that the best of my know any facts in said do program or immedia circumstances of disc	ledge. I understa cuments will be ate dismissal fro	and that the falsi e cause for denia	fication, misrepre al of admission	esentation or into the AHC	omission of Paramedic	
Applicant Signature:				Date:		

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