

## WORK EXPERIENCE VERIFICATION FORM

Applicant: Please enter your information (name, CWID#, signature, date) below and give to your employer to complete the remaining information. Your employer must mail it directly to the Foothill College Paramedic Program. **Be sure your 8-digit Foothill Collegewide ID number (CWID) is on the form.** Foothill College is not responsible for any lost Work Experience Verification forms.

**WE WILL NOT ACCEPT ANY WORK EXPERIENCE VERIFICATION FORMS MAILED BY THE STUDENT. THIS FORM MUST BE MAILED BY THE EMPLOYER.**

Applicant's Name \_\_\_\_\_ CWID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dear Supervisor/Administrator,**

**The individual named above has applied to the Foothill College Paramedic Program. Please complete all the information on this form (2 pages) to verify the above individual's work experience. The applicant's signature permits release of this information. Please return this form to: Foothill College, 1070 Innovation Way, Sunnyvale, CA 94089, Attn: Tracy Villanueva**

Employer's Name	
Supervisor/Administrator's Name	
Address	
City, State, Zip Code	
Telephone Number	
E-mail Address	

<b>Dates of employment (full-time)</b>	<b>From:</b>	<b>To:</b>
<b>Average number of hours worked per week:</b>		
<b>Dates of employment (part-time)</b>	<b>From:</b>	<b>To:</b>
<b>Average number of hours worked per week:</b>		
<b>The individual participates in patient care:</b>	<b>Yes</b>	<b>No</b>
<b>Applicant's performance was/is satisfactory:</b>	<b>Yes</b>	<b>No</b>

**Continue on the following page**

## WORK EXPERIENCE VERIFICATION FORM (page 2)

**Indicate the type of work experience by marking the appropriate box(es):**

<b>Type 1a</b> Working as an EMT with a paramedic partner on a transporting ambulance responding to 911 calls	
<b>Type 1b</b> Working as an EMT with an EMT partner on a transporting ambulance responding to 911 calls only	
<b>Type 2</b> a. Working as an EMT with a EMT partner on an ambulance performing interfacility transports and responding to occasional system 911 calls	
b. Working as an EMT on a critical care transport ambulance with a registered nurse or paramedic	
c. Working as an EMT with an EMT partner on an ambulance performing interfacility transports and NOT responding to occasional system 911 calls.	
<b>Type 3</b> a. Working as an EMT responding to 911 calls while NOT on an ambulance e.g., working for a fire agency and responding to 911 calls in a rescue vehicle, engine, or truck	
b. Working as an EMT in the emergency room	
<b>Type 4 – volunteer –</b> Working as an EMT responding to 911 calls while NOT on an ambulance e.g. volunteering for a fire agency and responding to 911 calls in a rescue vehicle, engine, or truck	

Administrator/Supervisor’s name (please print)	Title
Administrator/Supervisor signature	Date

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