Paramedic to RN Work History/Employment Verification

This form must be completed by Employer
This form must be submitted with
Paramedic to RN Contract and Deposit to the Admissions office

If currently employed, fill out Part A work history/employment verification section.
If not currently employed, but have history of employment in patient care
(Must be within past 5 years), complete Part B work history/employment verification section

Part A

Paramedic Work History/Employment Verification

Employee Name: _____
Place of Current Employment_____
Length of Employment_____Full Time_____Part Time_____
Hours worked per Week_____
Briefly describe the duties/responsibilities of the above named employee:
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Supervisor Date

_____ _____
Title of Supervisor Telephone Number

Part B

Previous Paramedic Employment
(Within the last 5 years)

If not currently employed, submit the following:
Employee Name: _____
Place of previous employment: (within last 5 years) _____
Length of Employment_____ Full time _____ Part Time_____
Hours worked per week _____
Briefly describe the duties/responsibilities of the above named employee:
_____
_____
_____
_____
_____
_____

_____ _____
Signature of Supervisor Date

_____ _____
Title of Supervisor Telephone Number