

HENDRICKS REGIONAL HEALTH EMT-BASIC PROGRAM

REFERENCE FOR APPLICANT TO EMT-BASIC TRAINING PROGRAM

Applicant's Name:		
First:	Middle:	Last:

You Must provide one reference from each of the following categories

1. Co-worker Reference
2. Personal reference (not related)
3. Present or last employer

Name of Reference who is recommending you to participate in the EMT-Basic Program

Name			
Address			
City	State	Zip	County
Telephone (Business)		Telephone (Home)	
		Email Address:	
Reference's Title / Position			
Signature		Date	

How long have you known the applicant: _____

To the Respondent:

We are particularly interested in your assessment of the applicant's ability to follow orders reliably, maturity of judgement, the applicant's attitude, motivation and dependability, and his/ her potential as a future EMT- Basic. Also identification of any area in which the applicant needs to concentrate for continuing development will be of assistance. A brief letter of explanation regarding your response is requested. You may use the back of this form if you wish. **When this form has been completed, please mail directly to:**

Kathi Mortensen, EMS Coordinator
Hendricks Regional Health
1000 E Main Street
Danville, IN 46122

Please check:

() Highly recommend () Recommend () Recommend with reservation () Would not recommend

If you have any questions, please call 317-718-4514