

# WEST HILLS COLLEGE LEMOORE PARAMEDIC PROGRAM

## Work Experience in Emergency Medical Services (EMS) Verification

**Applicant Instructions:** write legibly (illegible forms will not be accepted)

1. Complete sections A and B.
2. Ask your ~~employer~~ to complete section C and return this form and their cover letter to you on company letterhead. Make sure they list the position you hold at the agency.
3. Submit this form, copy of EMS certification, and employer letter with your application.

A. Applicant Information				
Name:	first	middle	last	
Address:	Number & Street	Qty	State	Zip code
Contact Information:	primary phone number	secondary phone number	West Hills student email address	
	(    )	(    )		@my.whccd.edu
B. EMS Employer Information				
EMS Employer Agency Name:				
Type of Health Care Facility:				
Name & Title of Supervisor:				
Address:				