**Graduate Employment Verification**

**Program Number:**       **Date:**

**Program Name:**       **Course Number:**

**Student Name:**       **Course Start Date:**

This form has been completed as part of program closeout and included in the student file. A copy will be provided to the graduate with instructions to complete and return to the Program Director with any employment changes within 12 months following graduation.

**Note: Employment placement refers only to Paramedic level positions**

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| --- |
| **If Employed as a Paramedic on Program Completion** |
| Employer |  |
| Address |  |
| Contact Number/Email |  |
| Supervisor |  |
| Anticipated Hire Date |  |

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| --- |
| **If Waiting for a Position Offer****Complete Anticipated Information** |
| Employer |  |
| Address |  |
| Contact Number/Email |  |
| Supervisor |  |
| Anticipated Hire Date |  |
| No plans at this time |  |

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| **If Serving as a Volunteer Paramedic in Lieu of a Paid Position** |
| Employer |  |
| Address |  |
| Contact Number/Email |  |
| Supervisor |  |
| Anticipated Hire Date |  |

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| **If Continuing Education or Military Service** |
| College Name |  |
| Major |  |
| Military Branch |  |
|  |  |
|  |  |

**Note: Employment placement refers only to Paramedic level positions.**