**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**

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

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

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

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

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