

## Ozarks Technical Community College Paramedic Reference

**Student should verify that their application is complete before the deadline.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

How applicant is known to you \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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The above named applicant has applied for admission to the Paramedic program.

**This reference needs to be completed by a professional contact and not a family member or friend.**

### Your Response Will Be Kept Confidential

Applicant hereby authorizes individual/business/firm/institution to whom this form has been addressed to issue any information regarding their service, character, personality and competencies, and do hereby unconditionally release named individual/business/firm/institution from all liability for any damage whatsoever which might result from furnishing this information.

| Rating                      | Outstanding | Above Average | Average | Below Average | Poor | No Information |
|-----------------------------|-------------|---------------|---------|---------------|------|----------------|
| Attendance/punctuality      |             |               |         |               |      |                |
| Ability to work with others |             |               |         |               |      |                |
| Emotional stability         |             |               |         |               |      |                |
| Dependability               |             |               |         |               |      |                |
| Motivation/enthusiasm       |             |               |         |               |      |                |
| Sense of humor              |             |               |         |               |      |                |
| Communication skills        |             |               |         |               |      |                |
| Gives best effort to task   |             |               |         |               |      |                |

If it were your job to employ in this field, would you employ this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe how this person relates with other people \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments may be added to the back of this form.

Signature of reference \_\_\_\_\_  
 Title or Position: \_\_\_\_\_  
 Name of Business/Facility \_\_\_\_\_  
 Address (print) \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_  
 Phone \_\_\_\_\_

**Directions:**

- You may email to [alliedhealth@otc.edu](mailto:alliedhealth@otc.edu) (preferred)
- Fax to (417) 447-8806
- Hand-deliver to the Allied Health Office (Lincoln Hall, room 210)
- Mail the completed form to:

Allied Health Office  
 Ozarks Technical Community College  
 1001 East Chestnut Expressway  
 Springfield, MO 65802-3625