



MADISON COLLEGE

Paramedic Employment Verification

The individual below has applied for the Nursing Completion Paramedic to ADN program to complete their Associate Degree Nursing degree on the basis of current Paramedic licensure and experience. Please verify the individual's employment as authorized and return it to:

Health Education Building - Room 103
1705 Hoffman Street
Madison, WI 53704
Email nursing@madisoncollege.edu
Fax: 608-246-6013

AUTHORIZATION (To be completed by applicant)

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: _____ Paramedic License #: _____

Email: _____ Phone Number: _____

I hereby authorize the following facility to release information to Madison College:

Name of facility: _____

Signature of Applicant: _____ Date: _____

EMPLOYMENT RECORD (To be completed by employer)

The person named above was employed by our facility from _____ to _____ (dates)

full-time/approximately _____ total hours

part-time/approximately _____ total hours

Job Classification: _____

Facility: _____

Address: _____

Employer Title: _____ Employer Phone Number: _____

Signature of Employer: _____ Date: _____