PRE-EMPLOYMENT EVALUATION

DATE:

CANDIDATE'S NAME                                        EMT/EMT-P #

EMT SCHOOL TTU

DATE COMPLETED: ____/____/____  LOCATION:

INSTRUCTORS: 2)

IV SCHOOL

DATE COMPLETED: ____/____/____  LOCATION:

INSTRUCTORS: 1) 2)

PARAMEDIC SCHOOL

DATE COMPLETED: ____/____/2002  LOCATION:

INSTRUCTORS: 1) 2)

PREVIOUS EMS EXPERIENCE:

PREVIOUS FIRE/RESCUE EXPERIENCE:

APPLYING FOR: PART TIME FULL-TIME

GOING TO ATTEND IV SCHOOL: YES NO

GOING TO ATTEND PARAMEDIC SCHOOL: YES NO

GENERAL:

APPEARANCE:
PRE-EMPLOYMENT EVALUATION

PROFESSIONAL BEARING/CONDUCT:

KNOWLEDGE:

INTEREST:

INTERACTION WITH PEERS:

INTERACTION WITH PATIENTS:

OTHER COMMENTS

I RECOMMEND THIS CANDIDATE FOR EMPLOYMENT:  YES  NO

SUPERVISOR:
PRE-EMPLOYMENT EVALUATION
SKILLS

COT OPERATION:

REVIEW AT LEAST 3 OF THE FOLLOWING. JUDGE PERFORMANCE ON A OBJECTIVE MEET BASIS. CANDIDATES SHOULD NOT RECEIVE COACHING.

SUB-CUTANEOUS EPINEPHRINE INJECTION
MAST TROUSER USE
PTL PLACEMENT
SPLINTING OR BANDAGING
TSI
KED OR XP-1
½ RING
IV MAINTENCE/INITIATION
INTRODUCE AND HAVE CANDIDATE TO DEMONSTRATE USE OF AT LEAST TWO OF THE FOLLOWING:
THUMPER
EKG
BLOOD GLUCOSE MACHINE
AUTOVENT 2000