

## Chief/Captain Recommendation Form

ALL APPLICATIONS MUST BE RECEIVED BY **January 2, 2024**

Applicant Information (To be completed by applicant)	
Name	<input type="checkbox"/> I waive the right to review this recommendation. <input type="checkbox"/> I wish to retain the right to review this
You may give or email a hard copy of this form to your Chief/Captain.	

This recommendation form should be filled out by the Chief/Captain					
Name					
Email			Phone		
Agency Name		Agency Position			
How long have you known the applicant? <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years					
Is this applicant a released Attendant in Charge with your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this applicant in good standing with your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Excellent	Good	Fair	Poor	Not Observed
<b>Applicant's Affective Characteristics:</b>					
<b>Knowledge:</b> Knowledge level as a competent EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Skills:</b> Skill level of a competent EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative:</b> Assesses the ability to initiate things independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Appearance:</b> Clean/neat appearing, good personal hygiene and grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attitudes:</b> Pleasant and friendly in their interactions with you, staff and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrity:</b> Honest, able to be trusted with the property and confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Empathy:</b> Shows compassion for patients, families and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respect:</b> Being polite to others, not using derogatory or demeaning terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teamwork:</b> Placing the success of the team above self interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communications:</b> Speaks clearly, writes legibly; listens actively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Motivations:</b> Takes initiative to complete assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time Management:</b> Consistent punctuality; completing tasks efficiently and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self Confidence:</b> Demonstrates awareness of strengths and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall:</b> General impression of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments pertaining to affective characteristics:					
Do you recommend this applicant for the AEMT Course? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will your agency be invoiced by UVA for tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any other comments or concerns?			Do you wish to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		