

Mattapoissett Police EMS Application for Employment

Mattapoissett Police EMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
 (Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

How did you find out about this position? _____

Do you have any relatives or friends working here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you: _____

Years Known: _____

Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____

PARAMEDIC

FUNCTION: Provide advanced emergency care to the sick and injured.

SUPERVISION RECEIVED: Works under the general supervision of the Chief or his/her designee.

SUPERVISION EXERCISED: None.

DUTIES AND RESPONSIBILITIES: Comply with all policies, practices and procedures of the Town of Mattapoisett EMS Department and, Subject to the approval of the EMS Director, administer skilled medical care to individuals in response to call for emergency treatment. Examine, assess and stabilize patients at emergency scene, i.e., hemorrhage control, treatment for shock, immobilization of fractures, bandaging, proper treatment for burns, poisoning or drug overdose, deliver newborns, manage mentally disturbed patients, etc.

Obtain medical history, check vital signs; advise/inform Medical Control at the hospital of diagnostic indications. Perform definitive life support; administer treatment and utilize advanced life support equipment and procedures as directed by authorized physician and State treatment protocols, i.e., endotracheal intubations, defibrillation, synchronized cardioversion, nasogastric intubations, closed chest decompression, intravenous administration of drugs and fluids, external trans thoracic cardiac pacing, and interpret 12 lead EKG's, etc.

Respond to a wide range of emergency situations as required. Control scene of medical emergency; conduct triage, treatment and transportation at mass casualty incidents. Document pre-hospital care received by patients to facilitate admission to health care facility. Prepare patients for transport; monitor patients in ambulance to maintain patient stability, administer additional treatment when necessary. Operate ambulances and other emergency vehicles as needed to and from scene of emergency.

Performs other duties as required.

MINIMUM QUALIFICATIONS: Current certification as an Emergency Medical Technician-Paramedic by the Mass. DPH, and current certification as a CPR healthcare provider by the American Heart Association (M.G.L., Ch 111C, Section 3 and 6). Current certification in Advanced Cardiac Life Support by AHA.

Knowledge of pharmacology, and drugs used in advanced life support and possible reactions; Federal and State drug laws; pathophysiology; advanced human anatomy and physiology; medical telemetry; Advanced Life Support equipment; MGL, Ch 89, 90, and 111C; Mass. DPH re-certification requirements; regional communication protocols. Knowledge of major transportation routes in the locality, defensive and emergency driving procedures, emergency medical service vehicle limitations, local emergency medical service Point-of-Entry procedures.

Ability to operate under Medical Control and follow instructions from an authorized Physician. Ability to conduct triage; evaluate the mechanism of injury; obtain, read and interpret an electrocardiogram; monitor a patient's status. Ability to perform Basic Life Support, extricate patients in a safe and accepted manner, and safely lift and carry a normal adult with all required equipment and the aid of another Emergency Medical Technician. Ability to recognize and react to hazards at an emergency scene, operate emergency medical service vehicles in a safe and accepted manner. Ability to inspect ambulances, other emergency medical service vehicles and vehicle medical equipment. Must operate assigned emergency medical service radio/communication system. Ability to work effectively with other public safety personnel, and *communicate effectively orally and in writing.*

This position requires direct client/patient contact and as a result of such direct contact, certain immunizations will be recommended and/or required prior to commencement of employment duties.

Must maintain competency and proficiency in all stated tasks.

SPECIAL REQUIREMENTS: This position is subject to re-certification by the State Office of Emergency Medical Service. Possession of a valid Massachusetts driver's license. Operates a motor vehicle on a regular basis and is subject to drug/alcohol testing. Must have a Criminal Offender Record Information (CORI) check, mandatory by MGL Chapter 6 Sec. 172C.

TOOLS AND EQUIPMENT USED: Ambulance, oxygen equipment, first-aid supplies, defibrillators, IV equipment, airway equipment, stretchers, equipment to gain access and all other equipment required for treating a patient as per State Protocols, etc:

PHYSICAL AND ENVIRONMENTAL STANDARDS: Duties require frequent and extended periods of outside work, subject to all weather conditions and extremes; continuous walking, standing, climbing and frequent periods requiring sustained uncomfortable physical positions; regular and sustained periods of strenuous physical exertion, requiring the ability to lift, carry and position heavy objects utilizing proper body mechanics and techniques. Operation of equipment which causes loud noise levels and high vibrations; may require the exercise of caution when operating equipment or handling chemicals or other toxic materials. Utilization of proper sanitary precautions when handling trash, garbage and other potential hazards.

SELECTION GUIDELINES: Formal application; rating of education and experience; oral interview; and reference check; and job-related tests may be required.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Signature

Date