

Today We Made a Difference



APPLICATION PACKAGE

Thank you for your interest in Baldwin Area EMS. Before completing the application, please read the job description so you are prepared for the commitment you are making. Saving lives and being part of an organization like ours is both rewarding and challenging, you'll find our members take great pride in our service to the communities we serve.

If you are new to EMS:

Please take time to read our brochure "Becoming an EMT". It explains the entire process of going to school, taking National Registry and becoming a licensed EMT in Wisconsin. You must be licensed before we will hire you.

Complete the service application, background check form and sign the job description. Call to schedule an interview and discuss the options for attending an EMT course.

If you already have National Registry and/or a State EMT License:

Please complete the service application, background check form, and sign the job description. Copy your EMT license, National Registry card, CPR, ACLS, PALS cards as appropriate.

Call to schedule an interview, 715-684-3188.

Additional Information for all to understand:

All new EMT's to Baldwin will have to complete our Field Training Program within six months.

We provide training generally held the 3rd Wednesday night each month from 6:30 PM to 9:30PM (this may vary). If you attend all of the training sessions in a year, you will have enough hours to renew you license when the time comes. Thank you for your interest in serving our community! If you have questions at any time, please let me know.

Thanks
Tom Boyer
EMS Chief



Baldwin Area EMS
 630 Highway 12
 PO Box 138
 Baldwin, WI 54002

715.684.3188 phone
 715.684.4575 fax
 baldwinems@baldwin-telecom.net
 www.BaldwinAmbulance.com

Employment Application

The Village of Baldwin 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. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

PERSONAL INFORMATION

PLEASE PRINT

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone #:(_____) _____ Cell Phone #: (_____) _____

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

Do you have any relatives or friends working here? _____

E-mail address: _____ @ _____ . _____

POSITION INFORMATION

Position(s) applying for: Paramedic EMT Other: _____

Have you ever worked for this organization? YES NO

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

Reason(s) for leaving: _____

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification/License Number	Expiration Date	Certifying Agency
Health Care/CPR Professional			
EMT/EMT-P <i>(Circle)</i>			
National Registry			
PALS			
ACLS			
BTLS or ATLS <i>(Circle)</i>			
EMD			
CDL or EVOC/CEVO <i>(Circle)</i>			
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

Do you have any medical or physical problems that prevent you from (checking any of the boxes below does not exclude you from getting an interview).

- Doing CPR? Lifting 100 pounds? Climbing or descending stairs?
- Carrying 80 pounds of equipment? Driving a vehicle?
- Bending, squatting, kneeling, or walking over uneven ground?
- Any of the requirements in the position description which would prevent you from becoming an EMT?

Volunteer or unpaid Work Experiences and Special Skills

(List any volunteer or unpaid work experiences or Special Skills you have relative to the position you are applying)

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or other protected status if you wish.

Organization: _____ Type of Work? _____

Hours per week? _____ Length of Service? _____

Organization: _____ Type of Work? _____

Hours per week? _____ Length of Service? _____

Other Specials Skills: _____

EMPLOYMENT HISTORY

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

Employer #1: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ Name: _____

Reason for leaving: _____

Employer #2: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ Name: _____

Reason for leaving: _____

Employer #3: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ Name: _____

Reason for leaving: _____

MILITARY EXPERIENCE:

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

Please include a copy of your DD214 Discharge form if hired.

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 if not, have you received a 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:

THIS EMPLOYER PROVIDES A DRUG-FREE WORKPLACE.

REFERENCES

List three professional references, other than relatives, who have knowledge of your work experience and/or education. Please provide them with the attached EMT Reference form which you must sign, and have them return it to the EMS Chief as requested on the form.

Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone: _____

Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone: _____

Name: _____

Address: _____

Occupation: _____

Years Known: _____

Telephone: _____

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 Village of Baldwin 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 Village of Baldwin 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, I consent to medical examinations and physiological 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 Village of Baldwin as a condition of my employment, and I hereby give my consent to the release of all information which Village of Baldwin and Baldwin Area EMS Department 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 Village of Baldwin.

I hereby authorize Village of Baldwin to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment. A Healthcare Provider background check will be conducted including a complete criminal history check, driving history check, child abuse, sexual predator, and federal exclusion from programs check, and other such inquiries as deemed necessary or required by licensing authorities. I release Village of Baldwin and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. The information is checked bi-annually with healthcare provider license renewal. 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 Village of Baldwin will be terminated.

I have read the position description and have reviewed it carefully. I represent that I am qualified, and understand the demands of the position. I understand it is my responsibility to submit in writing any change in my availability, status, or contact information, and failure to do so may result in not being employed.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Miscellaneous Attachments Required: (ATTACH APPLICABLE DOCUMENTS NOW)

- | | |
|---|---|
| <input type="checkbox"/> Complete and Sign WI "Criminal Background" check form. | <input type="checkbox"/> Valid Driver's License |
| <input type="checkbox"/> Copy (Front and Back) Professional CPR Card | <input type="checkbox"/> Copy of your National Registry card |
| <input type="checkbox"/> Copy of your state EMT License | <input type="checkbox"/> Copy of your Military DD214 Discharge form |
| <input type="checkbox"/> Copy of any ACLS, BTLS, PEPP and/or PALS card(s) front and back. | <input type="checkbox"/> Signed Position Description |

AFTER HIRING: (To be completed by the EMS office)

- | | | |
|---|--|---|
| <input type="checkbox"/> Social Security card | <input type="checkbox"/> Federal I-9 | <input type="checkbox"/> Federal W4 |
| <input type="checkbox"/> Health & Immunization form | <input type="checkbox"/> State of Wisconsin WT-4 | <input type="checkbox"/> Village ACH Authorization form |
| <input type="checkbox"/> Ride along release | | |
| <input type="checkbox"/> Acknowledgement of Policies handbook | | |