



CITY OF MELROSE

VOLUNTEER AMBULANCE DEPARTMENT

APPLICATION PACKET

05/06/04

VOLUNTEER AMBULANCE DEPARTMENT NEW EMT APPLICANTS

- A. Review Job Description
- B. Make Application
- C. Complete Acknowledgement Requirements Form
Must be signed
- D. Review Benefit Information

The Ambulance Coordinator reviews the application, conducts the interview, and makes recommendation to the City Council for hire of an EMT to the Department.

The Applicant must complete a physical examination and be screened for Hepatitis B; and be EMT certified.

**VOLUNTEER AMBULANCE DEPARTMENT
TRAINING & EXPERIENCE
WORK PERFORMANCE TEST**

LIFTING SKILLS

Lift cot in and out of ambulance with person on it

Raise and lower cot with person on it

VOLUNTEER AMBULANCE DEPARTMENT ACKNOWLEDGEMENT OF REQUIREMENTS

I acknowledge and understand that application to become an EMT with the Melrose Ambulance Department requires the following commitment:

- pass EMT Certification
- pass physical examination
- pass physical work performance test

Selected applicants will be subject to a 6-month learning period with a review after six (6) months. The following must be completed or accomplished during the 6-month probationary period:

- attend monthly training sessions (third Wednesday of each month)
- complete defensive driving course
- be clean shaven (no beards)
- take a minimum of 36 hours of standby each month
- show knowledge and use of:
 - defibrillator
 - advanced airway
 - LUCAS
 - IV maintenance

There will be additional training requirement after the probationary period. EMT's will be required to:

- complete 24 hour EMT Refresher Course every 2 years
- be re-certified in CPR annually
- attend training as prescribed in the Ambulance Department Policies and Protocols

Being an EMT is an emotionally challenging job and provides you with self-respect and self-satisfaction. Pre-hospital emergency care requires training and demands team effort and respect from each individual EMT in the Department.

I have read these requirements and agree to them.

DATE

SIGNATURE

VOLUNTEER AMBULANCE DEPARTMENT MEMBER BENEFITS

- Self-respect;
- Community respect;
- Opportunity to serve the local community and area residents;
- Association and friendship with fellow EMT's;
- Leadership opportunities;
- Payment for standby, calls, and training;
- Training and schooling paid by the City (upon completion of one year of service on the Department);
- Worker's compensation insurance while on duty as an EMT;
- Uniforms shirts provided by the City.

VOLUNTEER AMBULANCE DEPARTMENT EMPLOYMENT APPLICATION

The position you are applying for is an Emergency Medical Technician (EMT)

Name: _____
Last First Middle

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Are you legally authorized to work in the U.S.? Yes _____ No _____

If hired, can you provide proof that you are 18 years of age? Yes _____ No _____

Do you have any physical or health limitations that could interfere with your performance on the job for which you have applied? Yes _____ No _____

(NOTE: employment is contingent on applicant meeting minimum physical/mental demands of the position)

If yes, explain: _____

Do you have any commitments or responsibilities that might prevent you from meeting requirements? Yes _____ No _____ If yes, explain: _____

Do you have any relatives on the Ambulance Department? Yes _____ No _____

If yes, who? _____

Have you previously applied for this position? Yes _____ No _____

If so, when: _____

EDUCATION AND TRAINING

High School _____ Did you graduate? Yes _____ No _____
yrs attended

College: _____ Trade School: _____
yrs attended # yrs attended

College/Trade - subject majored in: _____

Degree? Yes _____ No _____

List any skills which you feel relate to this position:

CPR Certified: _____ Yes _____ No _____ Date Certification Expires: _____

EMT Training: _____ Yes _____ No _____ Date: _____

Are you certified by the State of Minnesota? Yes _____ No _____

Have you ever been convicted as an adult of a felony? Yes _____ No _____

(NOTE: The existence of a criminal record will not automatically disqualify you from employment with the City, though certain types of criminal convictions may prohibit you from working in certain positions.)

If yes, date and place _____

Nature of offense _____

Disposition _____

Agree to a criminal record check: Yes _____ No _____

(NOTE: Past convictions are not an absolute bar to employment)

Driver's license class: A _____ B _____ C _____

Endorsements: _____

What hours are you available to respond to emergency calls? _____

Distance from home to Ambulance Station: _____

Distance from work to Ambulance Station: _____

Can you be available for meetings and training sessions? Yes _____ No _____

Employment History:

Present Employer: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Job Title: _____ Years Employed: _____

Specific Duties: _____

Does your business take you out of town: Yes _____ No _____

If yes, explain: _____

May we contact your employer? Yes _____ No _____

MILITARY SERVICE

Branch of Service: _____

Reserves Status: _____

Attendance requirements if in Reserves or Guards: _____

REFERENCES

List two references who are not related to you:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must:

1. be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS YES NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name		
Branch of Service:	Period of Active Duty From: _____ To: _____		
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran </div>			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

CHART #1	FOR OFFICE USE ONLY <input type="checkbox"/> 5 points <input type="checkbox"/> 10 points
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TENNESSEN WARNING

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Melrose during the application process or during employment.

Any information about yourself that you provide to the City during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

- ❖ Veteran status
- ❖ Relevant test score
- ❖ Rank on eligibility list
- ❖ Job history
- ❖ Education and training
- ❖ Work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

All other information about yourself that you provide during the application process or during employment with the City is classified as private under state law. That is, information may not be provided to members of the public except:

- ❖ Persons authorized to have access to the information under state law;
- ❖ Persons authorized by court order to have access to the information; and,
- ❖ Persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know information will have access.

Signature of applicant: _____

Date: _____