**Rushford Community Ambulance**
**Volunteer Position Openings**

The Rushford Community Ambulance Service is accepting applications for qualified persons to fill positions as Emergency Medical Technicians (EMT) and Ambulance Drivers. Job descriptions and applications are available at the Rushford City Hall, 101 North Mill Street, or PO Box 430 and on the City of Rushford website at www.rushford.govoffice.com. The City of Rushford and the Rushford Community Ambulance Service is an equal opportunity employer and provider. Any questions call, Lynn Humble, Ambulance Director @ 507-864-7577.

Rushford Community Ambulance Service
City of Rushford

# RUSHFORD COMMUNITY AMBULANCE
# POSITION DESCRIPTIONS

## Ambulance Driver

To be a driver on the Rushford Community Ambulance Service each person is required to have an American Heart Association Health Care Provide CPR card, hold at least a valid class D Minnesota Drivers License, take and pass the Minnesota Coaching Emergency Vehicle Operations (CEVO) course and fulfill the probationary period. Ambulance drivers will be required to follow the EMT job description except certification and recertification for the EMT license.

## Emergency Medical Technician (EMT)

To become an EMT each person will be required to take and pass a 120 hour National Registry of Emergency Medical Technician (NREMT) class held in an adjacent city. While in training the EMT student will be allowed to participate in our Ride Along program and must hold a current CPR/AED Healthcare Provider card from the American Heart Association.

Emergency Medical Technician (EMT) serving on the Rushford Community Ambulance Service will be required to answer ambulance calls all hours of the day, night and weekend. Serving on the department each EMT will be required to attend regular training/business meetings at least two evenings per month. These training/business meetings are in addition to ambulance calls and taking part in the "on call schedule."

**NATURE OF WORK:**

1. The ability to handle adverse working conditions including extreme temperatures, small spaces, and emergencies with some manual labor.
2. Ability to establish and maintain effective working relationships with fellow EMT's, officers, the director and the public.
3. Possess sufficient physical strength and ability to perform lifting, moving, bending and reaching overhead.
4. Ability to handle emotional and stressful situations.
5. Able to respond to ambulance calls and take call coverage for other EMT's
6. Able to attend training sessions and department meeting as required by the department.

**EXAMPLES OF WORK:**

1. To respond to ambulance call in a safe and reasonable manner.
2. Care for people in a mass casualty.
3. Drive the ambulance vehicles.
4. Operate ambulance equipment
5. Care for people who are sick and injured.
6. Perform general maintenance checks on equipment.

**REQUIREMENTS:**

1. You must reside within a 10 minute response time of the City limits when you're on call.
2. You will be required to successfully complete the NREMT. Currently, the class runs approximately 120 hours. The refresher for recertification is 40 hours of in-house training.
3. EMT agreement form must be signed prior to entering EMT training. The EMT agreement states the City will pay for the initial EMT training and in return the EMT agrees to be an active member for 2 years on the Rushford Ambulance Service. Please refer to the EMT agreement form.
4. You must have a valid driver's license.
5. EMT's will not be allowed to drive the ambulance until they have taken and passed the CEVO training.
6. EMT's will be fit tested annually. If an EMT does not pass the fit test they will be restricted from certain ambulance calls.

If you have any questions after the orientation session feel free to contact any of the following officers; Julie Scudiero, Director, (507-459-4871) Bruce Hovland, (507-864-2101) Assistant Director.

# RUSHFORD COMMUNITY AMBULANCE
# EMT APPLICATION

**Application will not be accepted unless completed in its entirety**

Name: _____
First Middle Last

Present Address: _____
Apt # Street Number City State Zip

How long at present address: _____ Home Phone: _____
YY/MM Cell Phone: _____

Drivers License Number: _____

How did you happen to apply for the volunteer position? _____

## Education History

High School _____ Address _____

Years Completed _____ Diploma/Degree _____

College Attended _____ Address _____

Years Completed _____ Diploma/Degree_____

Trade School _____ Address _____

Years Completed _____ Diploma/Degree _____

Attached other sheets if needed:

## Employment History

List your last three employers starting with your present or last employer first;

1. Name and address of company_____
Dates from _____ to_____ Name & title of Supervisor_____

Your job title _____ Job Duties_____

2. Name and address of company_____

Dates from _____ to_____ Name & title of Supervisor_____

Your job title _____ Job Duties_____

3. Name and address of company_____

Dates from _____ to_____ Name & title of Supervisor_____

Your job title _____ Job Duties_____

## Character References
## (Do not list relatives or former employers)

1.Name _____ Occupation _____

Address_____ Phone #_____

2. Name _____ Occupation _____

Address_____ Phone #_____

3. Name _____ Occupation _____

Address_____ Phone #_____

## Medical Information

Date of last medical exam? _____

Are you currently under a doctor's care? _____

Do you have any lifting restrictions? ___ yes ___ no. If yes what are they _____

_____

## Questionnaire

1. Are you at least 18 years of age? ___yes ___no
2. Are you willing to give up nights plus a few weekends for the department?___ yes___no
3. Does your job or type of work take you out of town? ___yes ___no
4. How does your place of employment feel about you joining the ambulance service?
   _____
5. Do you have any previous medical experience? _____ if yes what is that _____
   _____
6. Do you have any medical or physical disabilities? _____ if so what are they _____
   _____
7. Do you have any of the following medical problems?
   _____ Diabetic
   _____ Alcoholism
   _____ Drug addiction
   _____ Use medication? If so please list them _____
   _____ Skin sensitivities
   _____ Difficulty breathing when wearing a mask
   _____ any other conditions that you feel could affect the overall health
   _____
8. Do you or have you in the past experienced any medical or physical problems that could affect our ability to perform the duties of a volunteer ambulance EMT or driver?
   _____ yes _____ no? Please describe _____
   _____
   _____

## Miscellaneous Information

What do you do for recreation? _____

Clubs and organizations which you belong? (Exclude those based on race, religion or national origin ) _____

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.** Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

_____NO _____YES

## YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Rushford officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Rushford. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

## EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.

2. I authorize the City of Rushford and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.

3. I understand that only the City Council has the authority to make employment agreements.

4. I hereby authorize all current and previous employers and schools to release to the City of Rushford data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12 and has been or will be collected by the City of Rushford and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Rushford to have access to this information is to determine my suitability for employment for the position of EMT,

Ambulance Driver. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Rushford. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____ Date_____

Signature:_____

## Investigation Waiver

I, the above named individual do hereby, certify, by my signature below, that I do request full and complete disclosure of any records that I may have with any Police Department, Sheriff's Office, Minnesota Highway Patrol, or any State or Federal Law Enforcement Agency, any court, or any school which I have attended, be furnished to the Rushford Ambulance Service, in any matters appearing below:

- Record of any medical treatment or history of treatment for nervous or mental illness
- Driving record
- Employment record
- Record of any arrests, convictions, or incidents involving police investigations.

I further authorize the City of Rushford to check my driving record as necessary assure compliance with the city vehicle operations policy and/or auto insurance carrier regulations.

I understand that any knowledge about my personal conduct or information pertaining to my personal business will be treated with the strictest confidence by the Rushford Ambulance Service.

Signature _____Date_____

**GENERAL AUTHORIZATION & RELEASE**
**PURSUANT TO MN STAT. 13.05, SUBD. 4**
**MINNESOTA DATA PRACTICES ACT**

I, _____, hereby authorize and grant my informed consent to you,_____, to release to and make available to _____and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by MN Stat. 13.02. Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting _____ to have access to this information is to determine my suitability for employment with the City. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the City who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

_____ _____

Signature Date

_____Date of Birth

_____Driver's License #

## The following is agreed to by the applicant's employer

I do hereby certify that this application is made with my knowledge and consent and I understand that if _____ is accepted to the Rushford Community Ambulance Service that this individual will be given part of their time to public service and will be expected to leave work when the page sounds.

Name of company _____

Address _____

Phone number _____

Name of Supervisor _____

Signature of employer _____

Date _____

# 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 veteran's 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, you're DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

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**VETERAN'S PREFERENCE POINTS APPLICATION**

| | | | |
|---|---|---|---|
| Veteran<br>_____ Self _____ Spouse | If spouse, veteran's name | | |
| Branch of Service: | | Period of Active Duty<br>From: To: | |
| Rank at Discharge: | Type of Discharge: | Date of Final Discharge: | Service No.: |
| Are you receiving or eligible for a military pension?<br>____ Yes ____ No | | Do you have a compensable service-related disability? _____ Yes _____ No | |
| Preference Requested:<br>_____ Veteran _____ Disabled Veteran<br>_____ Spouse of Disabled Veteran _____ Spouse of Deceased Veteran | | | |

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.