

BAYFIELD COMMUNITY AMBULANCE IS SEEKING SUMMER SEASON EMT-Bs

June 15 – Sept 15, 2017; Wednesdays – Sundays 9 am – 5 pm

Weekdays: \$10/hour. Weekends: \$12/hour.

Shifts can be covered by up to 8 EMT-Bs.

The actual schedule is flexible, depending on number of applicants.

REQUIRED EDUCATION AND EXPERIENCE:

- Current EMT-B License for State of Wisconsin
- Current CPR for the Professional Rescuer
- Current Driver's License with a clean driving record.
- At least 21 years of age
- Functions within the scope of care defined by state of WI
- Previous EMT-B experience desired but not required

MINIMUM RESPONSIBILITIES AND REQUIREMENTS

- Ability to prioritize multiple tasks and organize
- Ability to work independently and as a team member
- Ability to be self-motivated and directed
- Ability to employ discretion and confidentiality in sensitive areas
- Regular, predictable and punctual attendance
- Professional appearance and demeanor, including cleanliness (will be provided with Bayfield EMS shirt to wear while on call)
- Respond to all EMS calls during scheduled shift
- Restock and clean ambulance and EMS areas of hall
- Enter run data into LEADERS ELITE computer system

PLEASE MAIL, FAX OR EMAIL COMPLETED APPLICATIONS TO:



BAYFIELD

AMBULANCE

PO Box 230

Bayfield, WI 54814

Fax: (715) 779-5094

Email: bayfish1@cheqnet.net

Bayfield Community Ambulance Service

EMT Application Form

*The Director and/or assistant Director of the Bayfield Ambulance may verify all information and references given on the application.

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Cell: _____

Email Address: _____

D.O.B.: _____ S.S. # _____

Driver's License Number and State: _____

Driver's License Class and Expiration Date: _____

Educational Background

High School / Tech School: _____

College / Vocational School: _____

Post Graduate: _____

Military Experience: _____

Previous Emergency Services Experience (if applicable)

EMS Provider: _____ Date: _____ Rank: _____

Administrator's Name: _____ Phone #: _____

Fire Provider: _____ Date: _____ Rank: _____

Administrator's Name: _____ Phone #: _____

Total years involved in EMS: _____

Employment Background

Current Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ Number of days absent last year: _____

Previous Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____

Previous Job: _____

Supervisor's Name: _____ Phone #: _____

Start Date: _____ End Date: _____

Health Information

Is there any reason that your present health condition would restrict your activities as an emergency service provider? [If yes, please explain.]

Do you suffer from any fear / phobias that would restrict your activities as an emergency service provider?

Name of Person to contact in case of an emergency: _____

Emergency Phone Number: _____

Background Investigation

Have you ever been convicted of a crime? [Check One] Yes No

[If yes, please explain] _____

References

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Name: _____

Phone #: _____ Relationship: _____

Signature

I understand and agree that I may be required to take a physical examination as a condition of employment/membership. I agree to consent to such exam and to Bayfield Community Ambulance, its directors, officers, agents or employees from any claim arising in connection with the use of such exam.

I certify that the facts contained in my application for employment/membership as well as the understanding that if employed, falsified statements shall be grounds for dismissal.

I agree to permit the Bayfield Community Ambulance to conduct an investigation into my background through the Police Department, Wisconsin Department of Justice, State Police, FBI, or any other recognized law enforcement organization.

Signature of Applicant: _____ Date: _____

Signature of Administrator: _____ Date: _____