

NOTICE TO APPLICANTS FOR CITY OF MIDDLETON PARAMEDIC POSITIONS

Your completed Application Packet should include the following:

- Completed and Signed Application For Employment – please fill in all areas – DO NOT indicate “see resume”, should your application become separated from the rest of your information we would be unable to consider you further.
- Completed City of Middleton EMS Application Addendum
- Completed Application for Employment Classification Intention Form
- Signed Applicant Certification and Authorization Statement
- Copies of all required licenses and certifications as outlined in the Middleton EMS Application Addendum and the Full-Time Paramedic Job Description
- Cover letter, resume, and/or additional references or letters of recommendation (optional)

**RETURN ALL APPLICATION MATERIALS TO THE
FOLLOWING ADDRESS:**

**MIDDLETON EMS
ATTENTION: EMS DIRECTOR
2020 PARMENTER STREET
MIDDLETON, WI 53562**

**ALL APPLICATIONS MUST BE RECEIVED AT THE ABOVE
ADDRESS NO LATER THAN 5:00 P.M. ON MONDAY,
FEBRUARY 16, 2009**

APPLICATION FOR EMPLOYMENT

CITY OF MIDDLETON EMERGENCY MEDICAL SERVICE
 7426 Hubbard Ave.
 Middleton, WI 53562
 (608) 827-1005

POSITION APPLIED FOR:	Part-time []	Full-time []
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Name:		Social Security No:	
Address:	City:	State:	Zip Code:
Home Telephone:	Other Telephone:	U.S. Citizen, or Permit to work: [] yes [] no	
Valid Drivers License: [] yes [] no	License No:	State:	Expiration Date:

Since your 18th birthday, have you EVER been convicted of any violations of law or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with state law and City Ordinance, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.

[] Yes [] No Explain: _____

NOTE: The Middleton Police Department routinely verifies conviction, driving and other information listed on this application. If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for City of Middleton employment. Failure to admit convictions will result in disqualification. If you are unsure of how to respond to this or any other question, IT IS YOUR RESPONSIBILITY to check with the Police Department for information/clarification.

Personal / Professional References

Name:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	Phone No.

EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	YEAR GRADUATED	Do you have a GED or a High School Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			
TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate "Q" for Quarter Hours and "S" for Semester Hours			CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8			
NAME & LOCATION OF INSTITUTION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA/BASE	DEGREE CONFERRED & YEAR
	FROM	TO				
Describe any education or training not covered above, (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)						

WORK EXPERIENCE

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. **VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, HOURS WORKED, ETC.**

EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)			
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED			
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		FROM: (Month & Year)		TO: (Month & Year)	
		MONTHLY SALARY			
Beginning: \$ _____		Ending: \$ _____			
EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)			
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED			
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		FROM: (Month & Year)		TO: (Month & Year)	
		MONTHLY SALARY			
Beginning: \$ _____		Ending: \$ _____			
EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)			
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED			
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____			
		FROM: (Month & Year)		TO: (Month & Year)	
		MONTHLY SALARY			
Beginning: \$ _____		Ending: \$ _____			

WORK EXPERIENCE (con't)

EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		FROM: (Month & Year) _____ TO: (Month & Year) _____
		MONTHLY SALARY
		Beginning: \$ _____ Ending: \$ _____
EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		FROM: (Month & Year) _____ TO: (Month & Year) _____
		MONTHLY SALARY
		Beginning: \$ _____ Ending: \$ _____
EMPLOYER	KIND OF BUSINESS	LOCATION (City & State)
YOUR TITLE	REASON FOR LEAVING	NAME, ADDRESS & PHONE NO. OF SUPERVISOR
YOUR DUTIES		TOTAL LENGTH OF TIME EMPLOYED
		FULL-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		PART-TIME: Hrs. p/wk _____ No. of Yrs. _____ Mos. _____
		FROM: (Month & Year) _____ TO: (Month & Year) _____
		MONTHLY SALARY
		Beginning: \$ _____ Ending: \$ _____

ADDITIONAL INFORMATION

IN ADDITION TO THIS FORM applicants may submit a **RESUME** and educational transcripts to assist in review of qualifications. Applicants will be required to successfully complete additional testing , background investigation, medical exam, and drug testing. **EQUAL OPPORTUNITY EMPLOYER**

Additional Information Statement:

CITY OF MIDDLETON EMS APPLICATION ADDENDUM

This addendum must be included in order for your application to be considered complete. You may also include a resume, in addition to, but not as a substitution for the application form or this addendum. **You must also include copies of your Wisconsin paramedic license and/or National Registry Paramedic certification card, Basic Life Support for Healthcare Providers (CPR) card, Advanced Cardiac Life Support (ACLS) card, Pediatric Advanced Life Support (PALS) card, and proof of EVOC course completion.** Applications missing any of the required items will not be given further consideration.

(Additional sheets may be used if necessary)

- 1. Please describe in detail all direct EMS experience you have in the prehospital setting, and more specifically, your field experience working as a paramedic in a 911 response system. Give your best estimate of the number of ambulance calls you have responded to as a paramedic and where you have used one or more advanced life support skills. Also furnish the name(s) and telephone number(s) of any supervisory personnel who can be contacted to verify your field experience.**

- 2. Describe your specific experience working as an ambulance Crew Chief and Driver**

- 3. Describe the initial paramedic training program that you completed. Include the name(s) of the training center, lead instructor or program coordinator, total number of didactic, clinical, and field hours in the training program, and the starting and ending dates of the training program.**

4. List any additional EMS related training programs or certifications that you have completed since your initial paramedic training.

5. List any additional experience you have that relates to the attached job description for this position. Specifically address experience you may have in any of the following areas:

Use of Computers and Application Software

EMS Billing and Accounts Receivable Management

EMS Public Education and Information Programs

Ambulance Maintenance or Troubleshooting

Purchasing of EMS Supplies and Equipment

EMS Education and Training

Infection Control, OSHA Compliance, Employee Safety Program Management

EMS Personnel Recruitment (Career and/or Volunteer)

EMS Supervisory or Management Experience

Participation in EMS Quality Assurance or Continuous Quality Improvement Programs

Past or Current Membership in Volunteer EMS or Fire Organizations

Notable Accomplishments or Special EMS Related Projects That You Were Responsible For

6. Describe why you would like to be hired for this position.

Application for Employment Classification Intention Form

Please check which of the following classification(s) of Paramedic employment you wish to be considered for. You may choose either one, or both classifications. Sign and date the bottom of this form and then attach it to the front of your City of Middleton EMS Application for Employment form. If you need assistance or have any questions about each classification, please contact the City of Middleton EMS Director at (608)-827-1040 before completing this form.

- Full-Time Paramedic

- Limited Term Employee (LTE) Paramedic

I hereby certify that I have read and fully understand the roles, responsibilities, and compensation aspects of the Paramedic classification(s) that I am applying for.

Applicant Name

Applicant Signature

Date

APPLICANT CERTIFICATION AND AUTHORIZATION STATEMENT

I certify that all information in this application is accurate and complete. I understand that either the misrepresentation or material omission of facts, or both, on this application may result in removal from consideration for employment or immediate discharge after employment, whenever such information is discovered.

I authorize the City of Middleton to contact and obtain information from all references, employers, and educational institutions, and to otherwise investigate and verify the accuracy of the statements and information contained in this application. I hereby release from liability the City of Middleton and its representatives for seeking, gathering, and using such information. I also authorize all other persons, corporations, or other organizations, to make full responses to any inquiries by the City of Middleton and release those same entities from liability for furnishing information about me, my past employment, academic performance, or character.

The City of Middleton does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis that is prohibited by local, state, or federal law. I understand that it is the policy of the City of Middleton not to refuse to hire a qualified individual with a disability solely because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

This application will be current for only 180 days. At the conclusion of this time period, if I have not been contacted by the City of Middleton and I still wish to be considered for future employment, I understand that it will be necessary to complete a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any assurances must be in writing and signed by an authorized officer of the City of Middleton.

I understand that any offer of employment is contingent upon obtaining satisfactory responses to reference and background inquiries and that I must successfully complete a post employment offer physical examination, which may include a drug screening. I also understand that, if employed, I may be required to submit blood, urine, other specimens for drug and alcohol screening upon demand. I consent to my submission to such tests as a condition of continued employment. Refusal to consent may result in disciplinary action, including termination.

If I am hired, I understand that I am free to resign at any time, with or without cause, with prior notice. The City of Middleton reserves the same right to terminate my employment at any time, with or without cause, and without prior notice, except as may be required by law or applicable collective bargaining agreement.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Name (print): _____

Signature of Applicant: _____ Date: _____