

TOWN OF VERNON

EMT INFORMATION / APPLICATION PACKET

The Vernon EMS Department is seeking applicants for employment part time.

Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Vernon actively supports this legislation. EOE/AA/M/F

Application Requirements

- 1. Town of Vernon EMS Application.**
- 2. Copies of all medical and pertinent certificates you hold (both front and back).**
- 3. Applicants must be at least 21 years old at the time of testing.**

Failure to complete and submit ALL application materials may disqualify your application.

Method of Selection

The examination process includes: Written Examination, Medical Skills Ability Assessment, an Oral Board Interview, Physical Assessment & Extensive Background Investigation.

Written Examination: The minimum passing score on the written examination is 70. You must pass the written examination to be eligible for an invitation to the oral board interview. Candidates who fail to achieve the minimum passing score on the written examination will be disqualified from any further consideration for the position.

Medical Skills Physical Ability Assessment: Candidates medical skills assessment standards, including but not limited to: bending, squatting, kneeling, walking on uneven ground, climbing stairs, lifting up to 100lbs., and perform CPR/First Aid. *The Medical Skills Ability Assessment will be administered on the same day as the written exam.*

Oral Board Interview: The last phase of the examination for EMT will be an interview before a panel of EMS, and/or personnel representatives. This phase of the examination is designed to aid in the determination of a candidate's maturity, communication skills and motivation for the position. The Town reserves the right to limit the number of candidates who are invited to the oral interview. Candidates who have passed the written examination, medical ability assessment but who have failed this portion of the examination will be disqualified at this time from any further consideration for the position of EMT.

Physical Assessment: Successful candidates will be given a physical exam by the Towns' occupational health facility to evaluate physical health, wellness, drug screening, lifting ability (approx. 200lbs) and stair chair operation.

Background Investigation: A thorough background and character investigation will be conducted for the specific purpose of obtaining pertinent data for the Town of Vernon EMS Department to consider in determining suitability for employment as a Basic EMT. Eligible candidates will be requested to authorize a release of personal information, however personal or confidential it may appear to be, including but not limited to: educational, financial/credit agencies and institutions, medical history, employment history, legal complaints, arrests or convictions, and motor vehicle history. The Human Resources Director reserves the right to reject any eligible candidate whom, on the basis of background and character investigation or medical examination, does not appear to be the most suitable qualified candidate for the position.

If you fail to appear for any part of the examination process, or if you do not pass any part of the examination, your name will be removed from any further consideration.

An individual appointed to the position must satisfactorily complete a ninety (90) day training period and a twelve (12) month probationary period.

Minimum Qualifications/Job Description

EXPERIENCE AND TRAINING:

- * Two (2) years experience as an EMT
- * Completion of high school or possession of a high school equivalency diploma AND
- * Minimum current State of Connecticut EMT-Basic Certification AND
- * Current certification in CPR AND
- * Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

All licenses and certifications must be valid at time of application, hiring and throughout employment. Maintenance of these valid licenses is a condition of employment. At the time of appointment and during employment, EMT's must meet the medical and physical standards established by the EMS Division. Incumbent EMT's must continue to meet or exceed all requirements for maintenance of State of Connecticut EMT certification during employment with the Town.

TRAINING: Graduation from high school or its equivalent as evidenced by possession of a state high school diploma issued by the State Board of Education. Must attend and successfully complete any training program either mandated by law or by the EMS Division. Must attend and successfully complete any non-mandatory training program voluntarily accepted and paid by Vernon EMS; must attend and successfully complete any mandatory refresher courses or tests of ability designed to ensure skill and knowledge in areas of performance.

DRIVER'S LICENSE: Must possess and maintain a valid motor vehicle operator's license and satisfactory driving history. *An individual may not be considered for appointment if he or she has had a major violation within a three-year period, four or more motor vehicle violations other than major within a three-year period, or suspension or revocation of a license for any reason in the past five years. A valid Driver's License is required at the time of appointment and throughout employment.*

KNOWLEDGE, SKILL AND ABILITY: Good knowledge of emergency medical conditions, techniques and procedures; good social skills and general intelligence; good powers of observation; ability to operate bio-medical and telecommunications equipment; ability to perform calmly and efficiently in crisis situations; ability to maintain records and prepare reports using a computer; ability to understand written laws and apply them to specific situations; physical strength adequate to lift unconscious patients; ability to operate specially equipped vehicles under emergency conditions, willingness to work nights, weekends, holidays and assigned shifts, willingness to work with unpaid volunteers who will be performing fire suppression or the same functions as paid personnel; willingness to assist in training activities for both paid and volunteer personnel; willingness to maintain vehicles, equipment and station house in good condition; willingness to maintain physical conditioning commensurate with the demands of the position.

GENERAL STATEMENT OF DUTIES: These duties involve responsibility for providing emergency medical services. Employees in this position operate specially equipped vehicles. When engaged in providing emergency medical services, incumbents are in radio contact with and may receive direction from supervisors, paramedics and/or supervising physicians.

SUPERVISION RECEIVED: The work is performed under the direction of the Emergency Medical Services Director, EMS Supervisors, who make assignments, reviews work in progress and upon completion does related work as required.

ESSENTIAL FUNCTIONS: Operates specially equipped vehicles to respond to emergencies and provides care to stabilize persons with life threatening problems resulting from trauma or other medical emergencies; Participates in the provision of emergency medical treatment to accident or other victims such as extrication, splinting, immobilization, airway management, CPR, Homeostasis, IV therapy and drug administration (within existing protocols), ECG monitoring, defibrillation, etc. Monitors and transmits assessment and vital signs information via radio or telephone; Keeps records of emergency calls, patient treatment and problems encountered and solutions rendered in the course of duty; Maintains equipment on specially equipped vehicles in appropriate operating condition; Participates in emergency training of police, fire and EMS personnel as well as members of the community; Conducts initial scene assessments, initiates and participates in the incident command system on the scene of incidents; Assists the EMS Director or his designees with public information and education in activities such as CPR etc.; Maintains station house and apparatus in good condition. Maintains regular and punctual attendance. *Any omission, falsification, fabrication, lie or misleading statement will automatically result in disqualification from further consideration with the Town of Vernon.*

The Medical Skills Ability Assessment

Passing the Medical Skills Ability Assessment is a prerequisite for candidacy with Vernon EMS.

The Medical Skills Ability Assessment includes the following components:

Tested Skill	Critical Failures
Walk up flight of stairs with a minimum of two pieces of equipment and proceed through a closed doorway.	<ul style="list-style-type: none">• Placing equipment on ground while in transit• Having to make more than one trip• Dropping of any equipment, including items falling out of equipment bags.
Set equipment down without damaging and perform 1 rescuer CPR per AHA protocol, including use of an AED and airway adjuncts if provided until told to stop	<ul style="list-style-type: none">• No Universal precautions• Improper or ineffective CPR• Not using Appropriate barrier device and improper usage• Improper AED use and sequence• Improper Use of an airway adjunct

I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH THE TOWN OF VERNON.

Signature

Date

BASIC EMT EMPLOYMENT APPLICATION TOWN OF VERNON

You must be at least 21 years of age in order to be considered.

NOTE: Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law.

IMPORTANT: This application is considered part of the examination process, and **MUST** be fully completed.

DO NOT ENCLOSE A RESUME. Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY# _____ - _____ - _____

NAME: _____

CURRENT ADDRESS _____

DAY PHONE # (____) _____ EVENING PHONE # (____) _____

E-MAIL ADDRESS: _____

EMS Credentials Held

You must currently hold a minimum of Basic EMT credential in order to be considered.

(Check all that apply)

Provide copies of your certificates (front and back)

CPR _____ <small>Exp. Date</small>	EMT _____ <small>Exp. Date</small>	EMT-P _____ <small>Exp. Date</small>	NREMT# _____ <small>Exp. Date</small>
ACLS _____ <small>Exp. Date</small>	NIMS 100 / 200 / 700 <small>Circle which Apply</small>	HazMat Ops/Awareness	Other _____

Medical – Do you have any medical or physical problems that prevent you from:

- | | | |
|--|----------------------|--------------------------------|
| Doing CPR | Lifting 100–150 lbs. | Climbing/Descending stairs |
| Carrying up to 70 lbs. of equipment | Driving a vehicle | Wearing Respiratory Protection |
| Bending, squatting, kneeling, walking on uneven ground / terrain | | |

Have you been immunized against Hepatitis-B? Yes No If Yes, give approx. date: _____

EXPERIENCE: In the space provided below, give a record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment. Use extra paper if necessary.

Employer: _____
Company Name _____ Company address _____ Phone # _____
Job Title _____ Dates _____
From (Y/D/M) To (Y/D/M)
Supervisor & Title _____ Reason for leaving _____
Duties: _____

Employer: _____
Company Name _____ Company address _____ Phone # _____
Job Title _____ Dates _____
From (Y/D/M) To (Y/D/M)
Supervisor & Title _____ Reason for leaving _____
Duties: _____

Employer: _____
Company Name _____ Company address _____ Phone # _____
Job Title _____ Dates _____
From (Y/D/M) To (Y/D/M)
Supervisor & Title _____ Reason for leaving _____
Duties: _____

Employer: _____
Company Name _____ Company address _____ Phone # _____
Job Title _____ Dates _____
From (Y/D/M) To (Y/D/M)
Supervisor & Title _____ Reason for leaving _____
Duties: _____

Are there any other experiences, skills or qualifications which will be of benefit in the job of EMT? If so, please explain below.

Driving / Criminal Record

Driver's License # _____ Restrictions /Endorsements _____

*Have you ever been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Please take note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section **46b-146, 54-76o or 54-142a** of the Connecticut General Statutes, which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and that any person whose criminal records have been erased pursuant to section **46b-146, 54-76o or 54-142a** shall be deemed to have never been arrested within the meaning of the Connecticut General Statutes with respect to the proceedings so erased and may so swear under oath.*

Have you ever been arrested or convicted of a law violation other than a minor traffic offense? **Yes** **No**

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain:

IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION

Do you understand that as part of the testing process you will be required to submit to a thorough background investigation, a physical examination, lift test and drug testing? **Yes** **No**

Are you a United States citizen or are you authorized to work in the United States: **Yes** **No**

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the Town of Vernon to check previous employers, educational records, references and release the Town of Vernon, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

Signature

Date

Please complete and e-mail to monsterjobs@vernon-ct.gov or hand deliver to the Town Hall third floor Administration.