

PLEASE READ CAREFULLY

Please fill out application completely.

You can submit the application several different ways:

1. In Person - *Please return to
846 8th Ave
Huntington, WV 25701
2. Email - Save document, attach to email, send to Employment@ccems.org
3. Electronic – At the end of the online application, click Submit Application.

If you have any questions or concerns about the application, please call 304-526-8503.



CABELL COUNTY EMERGENCY MEDICAL SERVICES



846 Eighth Avenue
Huntington, WV 25701
Phone (304) 526-9797, FAX (304) 526-8553
<http://www.ccems.org>

APPLICATION FOR EMPLOYMENT

Cabell County Emergency Medical Services is an Equal Opportunity Employer. All Qualified applicants will receive consideration for employment without regard to race, religion, national origin, ancestry, sex, age or disability. If an applicant has any questions about the legality or the propriety of any question, he/she should not answer but merely state his/her objections to the question and the reasons therefore.

Date: _____ Application will remain active for six (6) months.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Business/Work Other

Please check if you are under 18 years of age: Motor Vehicle Operators License #: _____

Are you eligible for employment in the United States? Yes No

Citizenship status: U.S. citizen Resident Alien Non-resident Alien
Visitor Student Permanent Visa # _____

TYPE OF WORK DESIRED

Indicate the type(s) of employment in which you are interested: Full Time Temporary
Part Time Summer

Are you available for 24 hour shifts? Yes No

Please indicate work schedule limitations, if any. _____

Position applied for _____ Date available for work _____

Other positions of interest _____

Have you ever been employed by Cabell County EMS? Yes No If yes, when? _____

Under what name? _____ Reason for leaving _____

EDUCATIONAL DATA

High School

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

College

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Graduate School

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Trade/Business, Night or Correspondence

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Other

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Do you intend to continue your education? Yes [] No []

If yes, explain. _____

Extracurricular activities in school/college and office held (excluding those which may be indicative of race, religion, national origin, sex or ancestry.) _____

EMPLOYMENT HISTORY

Begin with current or most recent

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

CREDENTIALS

Significant professional or occupational credentials (such as registration or certification) you hold of relevance to position(s) for which you desire consideration. _____

Current West Virginia Certification # _____ Expiration Date _____

Current National Certification # _____ Expiration Date _____

Other states in which you are licensed (include number) _____

Professional memberships or affiliations _____

Do you hold certification in the following? ACLS [] BTLS [] PALS [] PEPP [] PHTLS [] ATLS []

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes [] No [] If yes, what Branch? _____

Dates of duty, from _____ to _____ Rank at separation _____

Briefly describe your duties _____

Special training received _____

GENERAL INFORMATION

Have you ever been discharged or forced to resign from any position? Yes [] No []

If yes, please explain _____

Were you ever employed under a different name? Yes [] No [] If yes, please list: _____

How did you hear about employment opportunities with Cabell County Emergency Medical Services?

Own accord [] Newspaper Ad [] Referred by _____ Other _____

ADDITIONAL INFORMATION

List any volunteer or paid employment (not included under employment history) which relates to the position for which you are applying _____

REFERENCES

Do not list former employers or relatives.

Give full names, addresses and phone numbers:

Name Phone Number

Address City State Zip

Name Phone Number

Address City State Zip

Name Phone Number

Address City State Zip

Are you capable of satisfactorily performing all of the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (Please review and consider the attached job description.) Yes [] No []

COMMENTS

Please refer to question when commenting below.
Attach extra sheets if necessary

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

If the position for which I am applying requires a license and or certification, I understand that it is my responsibility to supply a copy of the license and or certification to the appropriate department(s). I also understand that it is my responsibility to keep this license and or certification current and in good standing.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, criminal records, motor vehicle records and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

In consideration of my employment, I agree to conform to the policies and procedures of the Cabell County Commission and Cabell County Emergency Medical Services, as amended from time to time. I understand that in accepting this application, the County is in no way obligated to provide me with employment and that I am not obligated to accept employment, if offered.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice ("at will employee"). This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Cabell County Commission.

I understand that, given the concerns for public safety and the dangers inherent in the job for which I have applied, I may be asked to submit to pre-employment drug testing and, if hired, random periodic drug testing, or required testing, to be performed in compliance with all federal and state laws and regulations.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DATE: _____ SIGNATURE _____

PARAMEDIC AND EMT

I. NATURE OF WORK

- A. Transport sick or injured persons by ambulance in a manner conducive to their safety and comfort and to administer treatments within the limits defined by law, the division's training program, and the State of West Virginia protocols.

II. PRINCIPLE DUTIES AND RESPONSIBILITIES

- A. Answer all ambulance calls efficiently. Paramedics and EMTs must use diplomacy and tact at all times and be courteous and polite to the patient, their relatives and friends.
- B. Place patient on stretcher, carry to vehicle and position in proper area in vehicle, exercising care so as not to aggravate the injury.
- C. Administer treatment to the patient knowing what treatment to apply and how to apply such.
- D. Ability to maintain order at the patient pick-up site.
- E. Ability and knowledge to communicate with the public and explain about the organization's history, its services, employment requirements, etc.
- F. Ability to operate the emergency vehicle at a safe and controlled speed.
- G. Knowledge of all streets in the serviced area and ability to choose the best route to the hospital, considering conditions of roads and patient comfort. Knowledge of all traffic regulations and speed limits.
- H. Assure vehicles are in required working conditions at all times. Report any defects or malfunctions to the Supervisor.
- I. Assure vehicles are properly stocked and equipment is in good working condition before and after each call.
- J. Complete patient care records and supporting documentation.
- K. Any other duties deemed necessary by the Assistant Director or Supervisor.

III. OTHER RELATED DUTIES

- A. Maintain good relations and communication with the other branches of Public Safety and hospital personnel.
- B. Work cooperatively with all staff personnel.
- C. Make recommendations to the Supervisor as to how methods and procedures can be improved.
- D. Adhere to safety, sanitation and housekeeping regulations in both the vehicles and the Stations.
- E. Attend continuing education training conferences and meetings concerning Emergency Medical Treatment to the extent of requirements for rectification of license.
- F. Perform other related duties and complete in-services as may be assigned or required to meet agency directions.

- ### IV. QUALIFICATIONS / REQUIREMENTS
- A. Age: not less than eighteen years of age at the date of employment.
 - B. Military service: Honorable discharge for those applicants who have completed military service.
 - C. Citizenship: applicant must be a United States Citizen.

- D Education: it is mandatory that the applicant possess a high school diploma or G.E.D. equivalent.
- E Probationary period: all appointments shall be for a probationary period of six months, with a ninety (90) day extension at the discretion of the Director.
- F Applicant must be a West Virginia State recognized licensed Emergency Medical Technician, Intermediate or Paramedic.
- G Applicant must conform to the qualifications for EMS personnel as outlined in Section 6448-9 of the West Virginia Division of Health Legislative Rules, Title 64, Series 48 Emergency Medical Services, 1997.
- H Valid Driver's license from state in which the employee resides.
- I Availability for 24-hour call.
- J Must possess a telephone at home or permanent residence.

V. SPECIAL QUALIFICATIONS

- A. Tact and sympathy in dealing with a variety of types of patients, many of whom are in a stressful situation.
- B. Willingness to assist a patient having a variety of types of illnesses.
- C. Very good driver.
- D. Considerable initiative and judgment in moving patients, administering treatment and in driving vehicle rapidly through crowded streets.
- E. Works under general supervision performing tasks that are standardized but which require occasional independent decisions.
- F. All EMT Personnel hired by this Department are encouraged to attain a Paramedic license at the next available Paramedic class.
- G. All Paramedic personnel hired by this Department will become, at a minimum, C3-IFT certified within their first year of being a Paramedic.

VI. NECESSARY KNOWLEDGE, SKILLS AND ABILITIES

- A. Thorough knowledge of Emergency Medical Services Operation and Emergency Services principles, procedures, techniques and equipment.
- B. Ability to perform work requiring manual dexterity and fine motor skills, with ability to perform all needed for providing quality patient care.
- C. Ability to communicate in the English language effectively, both verbally and in writing.
- D. Ability to exercise sound judgment in evaluating situations and in making decisions.
- E. Ability to effectively give and receive verbal and written instructions.
- F. Ability to establish and maintain effective working relationships with other employees, supervisors and the public.
- G. Ability to handle confidential information and matters in a discreet and professional manner.
- H. Not be under the influence of any intoxicating substance while on duty.
- I. Ability to read and comprehend written materials under stressful conditions.

VII. TOOLS AND EQUIPMENT USED

- A. Motor vehicle, telephone, computer, mobile radio, pager and all types of equipment used in Emergency Medical Services procedures

VIII. PHYSICAL DEMANDS

- A. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

- B. While performing the duties of this job, the employee is frequently required to sit, lift, stand, talk, hear, walk, crawl, use hands to finger, handle or operate objects, tools or controls and reach with hands and arms and walk on uneven surfaces. The employee is occasionally required to smell.
- C. Demonstrate competency in handling emergencies using basic or advanced life support equipment and skills in accordance with the course objectives from the U.S. Department of Transportation National Standard Curricula for EMT's and Paramedics.

IX. WORK ENVIRONMENT

- A. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.
- B. Work is performed primarily in vehicles and outdoor settings, in all weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. The individual is occasionally exposed to the hazards associated with Emergency Medical Services including the exposure to body fluids and infectious diseases.
- C. The employee is occasionally exposed to wet and/or humid conditions and airborne particles.
- D. The noise level in the work environment is usually moderately loud at an emergency scene.

X. SUMMARY

- A. The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.
- B. The job description does not constitute an employment agreement between Cabell County and the employee and is subject to change by Cabell County as the need arises.

XI. EFFECTIVE DATE

This order became effective July 1, 1992, revised July 1, 1997, August 15, 2005, March 6, 2009 and April 2, 2012.

By order of,



A. Gordon Merry, III
Director

Distribution:
Personnel
Stations
County Commission
File

**SUBMIT
APPLICATION**

GO12-14-13