

North Country Emergency Medical Service

Application Packet



Serving northern Clark County, southern Cowlitz County,
& Skamania County for over 30 years

NORTH COUNTRY EMS

AGENCY INTRODUCTION



North Country Emergency Medical Service (NCEMS), founded in 1976, is a public EMS agency operating from the Town of Yacolt Fire Department. Yacolt is located in Northeast Clark County with a drive time of approximately one hour to downtown Portland, Oregon. NCEMS serves approximately 1000 square miles in parts of Clark, Cowlitz and Skamania Counties

North Country EMS covers most of the Mt. St. Helens National Volcanic Monument and surrounding wilderness areas.

We serve a predominately rural area with a population of approximately 25, 000 including several small communities. Response time to an incident can vary from minutes to over an hour. Transport to a hospital can run from 45 minutes to 2 hours. The call volume in 2005 was 1131 calls and 1127 in 2006.

NCEMS operates ambulances from stations in Yacolt and Fargher Lake. We staff ambulances with a paramedic and an EMT. In the summer we staff an ambulance and a rescue unit in the Mt. St. Helens National Volcanic Monument to handle the tourist and wilderness related EMS needs of those visiting or recreating in the area.

North Country sponsors the Volcano Rescue Team, a Mountain Rescue Association certified mountain rescue team, which handles the SAR incidents on Mt. St. Helens. The VRT also is the back up technical rescue organization for NCEMS and assists with wilderness / backcountry EMS incidents. Many NCEMS members are also members of the VRT.



The NCEMS employs 7 shift paramedics, 1 clinical officer / paramedic, 2 office personnel and a Director. A resident intern program employs up to 7 paramedic students who serve as crew partners on ambulances. A crew of part-time medics and drivers are also employed to complete agency staffing. The agency also utilizes volunteers in various EMS capacities.

For more information about North Country EMS visit our web site at www.northcountryems.org.

North Country Emergency Medical Service

APPLICATION INSTRUCTIONS

1. Your complete application packet should include the attached signed application, Authorization for release of information and supplemental questionnaire, if applicable.
2. Your application should be typed or printed legibly in ink. Answer all questions as completely as possible.
3. If a question does not apply to you, enter "N/A" in the space provided.
4. Attach additional sheets as necessary if there is insufficient space provided for you to answer questions completely.
5. An accurate and complete form will help expedite our investigation. Deliberate omissions or falsifications may result in disqualification or termination.
6. All information contained in this application is confidential and may be shared only with the top administrators of the department.
7. If you have any questions regarding the questionnaire, background investigation, or application process, please contact North Country EMS/ YFD at (360) 686-3271.

In this packet, you will find the following material:

Minimum position requirements
Application Instructions
Application Form
Authorization for release of information
Supplemental questionnaires

Minimum Position Requirements

Part-time Paramedic

- National Registry or state certified EMT-P
- Endorsed by Clark County EMS Medical Program Director to practice.

Non Lead / Crew II

- National Registry or state certified EMT-P
- Endorsed by Clark County EMS Medical Program Director to practice.
- Willing to undergo field training evaluation program and operate the ambulance

Resident / Crew II

- Must be enrolled in pre-requisites for paramedic school, have applied to or have been accepted to a paramedic program.
- Must be a state certified EMT-Basic or higher
- Willing to work at least one paid shift per week.
- Available to ride as paramedic assistant on assigned shifts
- Available to assist with staffing as needed
- Must be willing to participate in community education events
- Must be willing to live at station 13-1 as primary place of residence

Paramedic Assistant (PMA)

- Must be a state certified First Responder or higher
- Must reside in the EMS district, or have been initially trained by North Country EMS.
- Must be willing to dedicate a minimum of 24 hours per month in volunteer time
- Must be able to maintain OTEP and CME requirements

All positions require a valid motor vehicle operator's license and a sufficiently clear driving record to allow insurability with prejudice.

All positions require applicant to successfully complete physical agility test, practical and written exam, oral interview and background investigation.

Application for:
North Country EMS
Clark County Fire District 13
Volcano Rescue Team

Date Application Received _____ By: _____

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes only.

Date: _____ Position Applying For: _____

Resident applicants - please complete supplemental questionnaire at back of application

Name (First, Middle, Last): _____

Address: _____

Phone Numbers: Home _____ Cell _____

Email Address: _____

Can you provide proof of Citizenship, VISA, or alien registration number after being hired which permits you to work in the U.S.? Yes _____ No _____

Do you use tobacco of any kind? Yes _____ No _____

TRAFFIC RECORD

Driver's License number & State of issue: _____ (Attach copy)

Restrictions or Endorsements: _____

List all types of motorized vehicles you can operate, along with your proficiency level:

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, give date location and details below.

List, to the best of your knowledge, all driving citations you have received as an adult or juvenile, excluding parking tickets.

Date	Charge	City/State	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe in a brief narrative, any traffic accident in which you have been involved giving approximate date and location.

CRIMINAL RECORD

Have you ever been convicted of a crime? Yes _____ No _____. If yes, provide the following information.

Date	Crime	Police Agency, City & State	Sentence
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_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL HISTORY

<u>High School</u>	<u>City, State</u>	<u>Dates Attended</u> <u>From / To</u>	<u>Graduated</u> <u>Yes / No</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>College/University</u>	<u>City, State</u>	<u>Dates Attended</u> <u>From / To</u>	<u>Graduated</u> <u>Yes / No</u>
_____	_____	_____	_____
_____	_____	_____	_____

Units Completed: _____ Major/Minor: _____

Degree Received: _____ Student I.D.

Are you currently / or have you ever been a nationally registered paramedic? Yes / No
(please attach copy of certification)

Are you currently a Washington State certified paramedic? Yes / No

List counties of endorsement _____ **(attach copy of certification)**

Are you currently a Washington State EMT? Yes / No **(indicate level)**

Describe your computer skills including experience utilizing basic computer functions, such as, but not limited to, Microsoft applications, internet, e-mail, and word processing.

List any other major courses of pre-hospital management / certifications (BCLS, ACLS, PHTLS, etc.):

List any training and/or experience you have in wilderness rescue, EMS training, fire suppression, etc.

List or explain any other education, training or experience that would be helpful in rating your ability to perform in this position. **Attach copies of any certifications listed.**

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your last three jobs.
Also include any related professional or volunteer experience on a separate sheet if necessary.

Present Employer: _____ From _____ To _____

Address: _____

Supervisor: _____ Phone: _____

Position / Job duties: _____

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____

Supervisor: _____ Phone: _____

Position / Job duties: _____

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____

Supervisor: _____ Phone: _____

Position / Job duties: _____

Reason for leaving: _____

In more detail describe your related work experience and explain how you think you are qualified for this position. You may use the space below or attach additional sheets.

REFERENCES:

List three personal references. Do not list relatives or current or past employers.

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Occupation / Employer _____ Years known: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Occupation / Employer _____ Years known: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Occupation / Employer _____ Years known: _____

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be ground for immediate rejection or termination of employment.

Signature of Applicant

Date

**NORTH COUNTRY EMERGENCY MEDICAL SERVICE
CLARK COUNTY FIRE DISTRICT 13**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize North Country EMS and Clark County Fire District 13 to conduct a complete background investigation for the purpose of verifying the information contained in my application for the position that I have applied for. I further acknowledge and agree that North Country EMS and Clark County Fire District 13 may:

1. Contact my present or former employers.
2. Confirm the status of my driver's license and driving record.
3. Inquire into any criminal convictions on my record.
4. Contact any personal references provided.
5. Verify my educational background and training.

I specifically authorize any person, firm, or corporation contacted by North Country EMS and Clark County Fire District 13 to release any of the above records to the Districts and waive any privilege of confidentiality I may have with respects to said records.

Dated this _____ day of _____, 20_____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Full Name Printed: _____

Signature: _____

Supplemental Questionnaire for Resident applicants only

This signed supplemental form must be returned with the signed application

1. Are you willing to reside at your assigned station and not live elsewhere?

2. Are you willing and able to be on duty for a minimum of 24 hours per week, which will be scheduled around your paramedic training schedule? _____
3. When off duty, but in quarters, are you willing to assist with paid staffing of 3rd and 4th out ambulances in order to serve the residents of our service area? _____
4. Are you willing and available to participate in OTEP training the 3rd Wednesday of every month from 1900-2100 hours? _____
5. Would you be willing to become a volunteer member with Clark County fire district 13?

6. As a resident, you will be assigned to one of the full-time paramedics who will act as a mentor, you will be assigned to his/her shift as a paramedic assistant and required to be at the station on those shifts. This is designed to give you more time in the back of the ambulance in order to increase your exposure to patients and expand your experience of treating them. Can you commit to this requirement? _____

In addition to the above questions, please provide the following information typed on separate sheet(s) of paper.

1. Explain in detail how you have prepared yourself to perform day-to-day tasks in and around the station and to respond to EMS incidents.
2. Describe how you have used communication skills to deal with the public, your supervisors and peers.
3. Describe your plan to achieve your long term career goals.
4. Describe your expectations from this experience.
5. Describe your expectations of your time commitment.
6. What do you feel you can contribute to the department?
7. Describe why you would like to be a resident?

