



CITY OF PORT WASHINGTON FIRE DEPARTMENT

APPLICATION FOR THE POSITION OF CAREER EMT-P (PARAMEDIC)





CITY OF PORT WASHINGTON | FIRE DEPARTMENT & EMERGENCY MEDICAL SERVICES
Mark Mitchell, Fire Chief

January 4, 2021

Dear Applicant,

On behalf of the City of Port Washington Fire Department, I would like to thank you for your interest in applying for the position of career EMT-P (Paramedic). Please complete the attached forms to the best of your ability. Any questions can be answered by calling the number below, or by email.

Good luck.

Mark Mitchell

Mark Mitchell, Fire Chief
Port Washington, WI Fire Department



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

CAREER EMT-P (PARAMEDIC) CITY OF PORT WASHINGTON FIRE DEPARTMENT

The CITY OF PORT WASHINGTON, OZAUKEE COUNTY, WISCONSIN (POP. 11,954) is accepting applications for the position of career EMT-P (Paramedic).

Qualifications: U.S. Citizen, graduation or equivalent from high school, and post high school education with emphasis in Emergency Medical Services. No felony convictions, vision correctable to 20/20, good verbal and written communication skills, clear and concise speech, and the ability to perform essential functions of this position.

One (1) year of EMS experience in a municipality is preferred, or equivalent medical field.

Applicants shall have the following certifications/licenses at time of application:

1. WI EMT-Paramedic (or reciprocity with **NREMT-Paramedic)
**NREMT – National Registry of Emergency Medical Technicians
2. Valid Wisconsin Driver's License

Hiring Process: Selected candidates will be required to participate in an EMS based assessment center, oral interview with the Police and Fire Commission, pass a physical exam, including drug screening and physical ability test, and allow a police background check.

Salary and schedule: \$50,000 annual salary working 24 hours on / 48 hours off schedule. (56 hr. work week/28-day cycle).

Competitive benefit package includes: Wisconsin Retirement System enrollment, health, dental, and life insurance, FLSA work reduction days, sick leave, and vacation.

Port Washington is an Equal Opportunity Employer.

Applications may be obtained online at www.pwfd.org or at the City Hall, 100 W. Grand Avenue Port Washington, WI 53074 from 8am-5pm.

Completed applications, resume', and copies of appropriate licenses and certifications must be received by U.S. Mail only, by 5:00 PM ON FEBRUARY 1, 2021 at:

Port Washington City Hall
Attn: Fire Chief Mark Mitchell
100 W. Grand Avenue
Port Washington, WI 53074



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

2.016| CAREER PARAMEDIC

JOB DESCRIPTION

| | |
|----------------------|--------------------------------------|
| Job Title: | EMT-P (Paramedic) (Career) |
| Department: | Fire & Ambulance |
| Reports To: | Fire Chief and All Officers |
| Probationary Period: | One (1) Year |
| FLSA Status: | Nonexempt |
| Duty Hours: | 24 hours on duty / 48 hours off duty |
| Prepared By: | Mark Mitchell |
| Prepared Date: | 12-01-2020 |
| Approved Date: | 12-14-2020 |
| Rank Indicator: | Star of Life on badge. |

SUMMARY

The EMT-P (Paramedic) (Career) serves the community by responding to and dealing with emergency medical situations, natural conditions that pose a threat to life and property, and incidents of service to the citizens. They perform within the scope of the policies and procedures of The City of Port Washington Employee Handbook, the Port Washington Fire Department Standard Operating Guidelines (SOGs), and the Ozaukee County Emergency Medical Services (EMS) Medical Treatment, Trauma Treatment, and Medication Guidelines and Protocols. They perform a full range of emergency medical work under adverse and strenuous physical conditions. EMT-P personnel have a high risk of exposure to infectious diseases encountered during emergency medical incidents. EMT-P personnel will render emergency medical aid at the level of his/her training and licensing (certification) in the State of Wisconsin.

They are responsible for the protection of life and property through emergency medical services, emergency scene support, public education, by performing the following duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Include the following, in no particular order. Other duties may be assigned.
- Responds to medical emergencies, motor vehicle accidents, fires, hazardous materials incidents, and other emergency, good intent, or service calls.
- Becomes familiar with the operation of all emergency services communication equipment.
- Administers initial medical treatment at emergency scenes.
- Assesses nature and extent of illness or injury, and to establish and prioritize medical procedures to be followed, or the need for additional assistance.
- Communicates with physician and other medical personnel via radio or telephone.



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

- Participates in drills, demonstrations, and courses in, advanced life support and emergency medical treatment.
- Keeps current on treatment techniques and protocol changes.
- Maintains State of Wisconsin EMT-Paramedic license without any lapse between the license periods.
- Prepares required reports and maintains records of activities.
- Requisitions and restocks supplies, material, and equipment.
- Inspects, maintains, cleans, tests, and performs minor maintenance to medical equipment.
- Assists with presentations on fire safety education, burn prevention, and fire prevention to schools and community groups.

SUPERVISORY RESPONSIBILITIES

1-2 personnel making up an Ambulance crew.

COMPETENCIES

To perform the job successfully, an individual should demonstrate the following competencies:

- Customer Service - Manages difficult or emotional customer situations; Responds to requests for service and assistance.
- Interpersonal Skills - Maintains confidentiality, including Title II HIPAA requirements; Keeps emotions under control.
- Oral Communication - Listens and gets clarification; Participates in meetings.
- Written Communication - Able to read and interpret written information.
- Teamwork- Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit; Puts success of team above own interests; Supports everyone's efforts to succeed.
- Ethics- Treats people with respect; Inspires the trust of others; Works with integrity and ethically; Upholds organizational values.
- Organizational Support - Follows policies and procedures; Supports organization's goals and values.
- Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.
- Safety and Security - Observes safety and security procedures; Determines appropriate action beyond guidelines; Reports potentially unsafe conditions; Uses equipment and materials properly.
- Initiative- Volunteers readily; Undertakes self-development activities; Asks for and offers help when needed.
- Leadership- Exhibits confidence in self and others; Inspires and motivates others to perform well; Effectively influences actions and opinions of others; Accepts feedback from others; Gives appropriate recognition to others.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION AND/OR EXPERIENCE



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

- High school diploma or general education degree (GED).
- Post high school education with emphasis in Emergency Medical Services.
- One (1) year of EMS experience in a municipality is preferred, or equivalent medical field.

LANGUAGE SKILLS

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to citizens and other employees of the organization.

MATHEMATICAL SKILLS

Ability to add and subtract two-digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.

REASONING ABILITY

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

CERTIFICATES, LICENSES, REGISTRATIONS

- WI EMT-Paramedic (or reciprocity with **NREMT-Paramedic).
- Valid Wisconsin Driver's License.

**NREMT – National Registry of Emergency Medical Technicians

PHYSICAL DEMANDS

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. While performing the duties of this job, the employee is regularly required to stand; walk and talk or hear. The employee is frequently required to use hands to finger, handle, or feel; reach with hands and arms and taste or smell. The employee is occasionally required to sit; climb or balance and stoop, kneel, crouch, or crawl. The employee must regularly lift and /or move up to 25 pounds, frequently lift and/or move up to 50 pounds and occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus. Corrective vision is allowed.

WORK ENVIRONMENT



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to wet and/or humid conditions; moving mechanical parts; high, precarious places; fumes or airborne particles; toxic or caustic chemicals; outside weather conditions and risk of electrical shock. The noise level in the work environment is usually moderate.

Implementation: This policy has been approved by the Port Washington Police & Fire Commission. It shall remain in effect until withdrawn or modified by the department.



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

POSITION OF CAREER EMT-P (PARAMEDIC) ADDITIONAL APPLICATION REQUESTED INFORMATION

* 1. List ALL CURRENT EMS-related certifications/licenses you hold (State/National certifications, NOT technical college course completion certificates). Include: Certification, Certification Date, License Number (if applicable), National Registry Number (if applicable), and issuing State of Certification. Copies of certificates/licenses are encouraged to be attached to this application. If you do not have any EMS-related certifications/licenses, answer "N/A".

* 2. Has a State Licensing Authority ever revoked, suspended, or placed conditions upon your professional / occupational license(s)?

- ☐ YES
☐ NO

* 3. Are you a State of Wisconsin licensed EMT-Paramedic?

- ☐ YES
☐ NO

* 4. If not a State of Wisconsin licensed EMT-Paramedic are you able to obtain certification through NREMT reciprocity prior to hiring?

- ☐ YES
☐ NO
☐ NOT APPLICABLE

* 5. NO TOBACCO USE AS A CONDITION OF EMPLOYMENT: I acknowledge that, by accepting employment as a EMT-Paramedic, I am agreeing to the following conditions of employment: From the date of hire, I will not use tobacco product(s) at any time while on duty with the Department and, further, if I do use any tobacco product(s) at any time while on duty with the Department, I will be subject to dismissal for cause. I understand this condition, agree to it, and accept such condition of employment as a requirement for continued employment. SPECIAL NOTE: The Department reserves the right to amend this at any time. To indicate agreement, please select "YES".

- ☐ YES
☐ NO



PORT WASHINGTON FIRE DEPARTMENT

104 WEST WASHINGTON STREET PORT WASHINGTON, WISCONSIN 53074

* 6. To provide evidence of consent to "NO TOBACCO USE AS A CONDITION OF EMPLOYMENT", a second confirmation is necessary. Please enter your initials and today's date below.

Signature

Date

* 7. **RELEASE OF INFORMATION** This release and authorization acknowledges that employment is contingent on passing a background check and that the employer may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and receive any criminal history record information pertaining to me that may be in the files of any Federal, State and/or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility. A conviction will not automatically disqualify me from employment but will be evaluated as to how the offense may be related to the position I have applied for or currently hold. I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employees, and other organizations and agencies to provide this potential employer with all information that may be requested. I hereby release all the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. I do hereby agree to forever release and discharge this employer, and their associates to the full extent permitted by law from any claim, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. To provide consent, please select "YES".

- ☐ Yes
- ☐ No

* 8. To provide evidence of consent to the "RELEASE OF INFORMATION", a second confirmation is necessary. Please sign and date below.

Signature

Date

* REQUIRED REQUEST OR QUESTION



City of Port Washington

APPLICATION FOR EMPLOYMENT

www.cityofportwashington.com
AN EQUAL OPPORTUNITY EMPLOYER

City of Port Washington
100 West Grand Avenue
P. O. Box 307
Port Washington, WI 53074
Phone: (262) 284-2600
Fax: (262) 284-7669

Date:

Position Desired:

☐ Full Time ☐ Part Time ☐ On-Call/Relief Hours ☐ Temporary/Limited Term Employment

How did you learn of this position?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Job Line | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Internal Posting | <input type="checkbox"/> Other: _____ |

PERSONAL

| | | | |
|-----------------------------|---------|--|--------------------|
| Name: (Last) (First) (M.I.) | | | Home Phone: |
| Address: (Street) (Apt #) | | Business Phone: | |
| | | May we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (City) | (State) | (Zip) | Social Security #: |

List any other names by which you have been known:

Are you legally eligible for employment in the United States?

☐ Yes ☐ No

When will you be available for
employment? _____

Do you possess a valid Driver's License? ☐ Yes ☐ No Number: _____

State Issued: _____

Do you possess a valid Commercial Driver's License? ☐ Yes ☐ No Number: _____

State Issued: _____

Do you have access to a licensed vehicle? ☐ Yes ☐ No

Do you currently have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? ☐ Yes ☐ No If yes, please explain:

A conviction record will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking.

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?

☐ Yes

☐ No

Name/Location of School: _____

Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? ☐ Yes ☐ No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Technical College, Business College, or other schools you have attended.

| College, University or School – Name and Location | Dates Attended (Month/Year) From To | | Presently Attending? | Major/Degree Received |
|---|---|--|---|-----------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe any education or training you have had which is not covered above; such as correspondence courses, service schools, in-service training. Please provide dates.

MILITARY

Complete this section if you served in the U. S. Armed Forces:

Branch of Service: _____ Rank at Discharge: _____

Period of Active Duty (Month & Year) From: _____ To: _____

Honorably Discharged? Yes No Date: _____

Describe your duties and any special training: _____

EMPLOYMENT RECORD

IMPORTANT: You must complete the employment sections of this application.

Use additional sheets, if necessary. You may attach a resume to further explain your qualifications. All time **must** be accounted for. If unemployed for a period, indicate setting forth dates of unemployment.

(Please complete by beginning with last or current employer, then next to last, etc.)

If currently employed, may we contact this employer? ☐ Yes ☐ No

| | | |
|--|--------------------------------------|-----------------------------------|
| Name of Employer: | Phone: | Dates of Employment: From To |
| Address: | | Supervisor: |
| Reason for Leaving or Considering Change: | | Job Title: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____) | Beginning Pay: \$ _____ per _____ | Ending Pay: \$ _____ per _____ |

Description/Duties:

| | | |
|--|-------------------------------------|--|
| Name of Employer: | Phone: | Dates of Employment: From To |
| Address: | | Supervisor: |
| Reason for Leaving or Considering Change: | | Job Title: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per) | Beginning Pay: \$ per | Ending Pay: \$ per |
| Description/Duties: | | |

| | | |
|--|-------------------------------------|--|
| Name of Employer: | Phone: | Dates of Employment: From To |
| Address: | | Supervisor: |
| Reason for Leaving or Considering Change: | | Job Title: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per) | Beginning Pay: \$ per | Ending Pay: \$ per |
| Description/Duties: | | |

| | | |
|--|-------------------------------------|--|
| Name of Employer: | Phone: | Dates of Employment: From To |
| Address: | | Supervisor: |
| Reason for Leaving or Considering Change: | | Job Title: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per) | Beginning Pay: \$ per | Ending Pay: \$ per |
| Description/Duties: | | |

REFERENCES

List persons who are familiar with your qualifications and background.

| Name | Telephone | Nature of Relationship |
|------|-----------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Please complete the General Information/Special Skills Sections and /or attach a resume.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List here any skills which you feel are applicable to this position:

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying.

List any Memberships in Professional or Technical Associations:

Current License or Registration as a member of a trade or profession:

GENERAL INFORMATION

Please provide any additional information which you feel is relevant to this position. (Attach additional sheet if necessary)

FORMER ADDRESSES

Please list any former addresses that you have lived at in the last 10 years: (Please print)

Address

City

State

1.

2.

3.

4.

5.

6.

Please use the area below if you need more space.

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment or job offer tendered to me will be contingent upon the results of additional testing, a complete background check, and fitness evaluation.

Signature of Applicant: _____ Date: _____

CITY OF PORT WASHINGTON
100 West Grand Avenue, Port Washington, WI 53074-0307

Department: FIRE & AMBULANCE DEPARTMENT

Applicant's Authorization and Acknowledgment

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying résumé, if any) to provide any relevant information to the City of Port Washington that may be required to enable the City of Port Washington to arrive at an employment decision. I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Port Washington only for consideration of my employment. I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination. I understand that I may be fingerprinted and a criminal record check made of local, state, or federal authorities and that a conviction is not an automatic bar to my employment.

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants' names must be disclosed. Wisconsin Statutes do require if request is made for the names of the finalists considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the City of Port Washington or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources.

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any previous employer
5. Present employer
6. Any school, college, university or other educational institution.

I hereby release any Municipal, State, Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Exceptions to this blanket authorization:

1. _____
2. _____
3. _____
4. _____

**COMPLETE ONLY IF YOU ARE
AT LEAST 18 YEARS OF AGE.**

Signature: _____

PLEASE PRINT (please state your full name, no nicknames):

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Driver's License # _____ State Issued: _____

Street Address: _____

City: _____ State _____ Zip: _____

Witness: _____ Date: _____