

# SOUTHERN MADISON COUNTY VOLUNTEER AMBULANCE CORPS

P.O. Box 453, Hamilton, NY 13346 | Return to Dave Snyder: 824-3089

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## REQUIREMENTS FOR PART-TIME PARAMEDIC EMPLOYMENT

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### *Agency Description*

SOMAC—Southern Madison County Volunteer Ambulance Corps, is a volunteer, not-for-profit organization formed in June 1986. Volunteers are from the Hamilton area community, Colgate University staff, and students.

We have two Advanced Life Support (ALS) ambulances and each carries full ALS (Advanced Life Support) equipment, defibrillators and LifePak monitors with pacing. Certified at the Paramedic Level, SOMAC is proud to be celebrating our 22nd year of service.

SOMAC is dedicated to providing its patients with the best in pre-hospital care. Often an employee will be the first, and sometimes the only representative of SOMAC with whom our patients have contact. Consequently, each employee must always be cognizant that they represent SOMAC in how they speak and present themselves, both on and off duty.

### *Requirements for Part-Time Employment*

**New York State Paramedic with three-years experience preferred.**

**Additional certifications for eligibility include:**

ACLS

PHTLS

EVOC, CEVO, or equivalent

Current online Midstate Privileges

Current NY Paramedic Certification card (photocopy)

PALS

BTLS

BCLS (CPR) Certification

Clean, Current NYS Driver's License (photocopy)

**Shifts will be from 7 a.m. to 7 p.m., 7 days a week.**

Please send resume and application for employment with attached copies of certifications to:

**Southern Madison County Volunteer Ambulance Corps**

Attn: Dave Snyder

P.O. Box 453

Hamilton, NY 13346

You can also fax to: (315) 824-1052

SOMAC is an Equal Opportunity Employer (EOE). Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, national origin, ancestry, liability to service in the armed forces of the United States or non-job-related handicaps.

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## PART-TIME PARAMEDIC APPLICATION FOR EMPLOYMENT

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The statements made herein are subject to verification to determine your qualifications for employment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell Pager

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If not a united states citizen, do you have the legal right to remain permanently and to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

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### *Education*

#### **High School/GED**

Name of School	Dates of attendance	Graduated (Y/N) Degree / Certificate

#### **Post-High School (College, technical/trade school)**

Name of School	Dates of attendance	Graduated (Y/N) Degree / Certificate

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### *Vehicle Operator's License*

Class: \_\_\_\_\_ State: \_\_\_\_\_ Operator's Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Restrictions: \_\_\_\_\_

Has your license been revoked or suspended within the past three years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain why, giving date(s) and reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### *Emergency Medical Care Experience*

(Please attach additional sheets if necessary)

Organization	Position	From/To	Supervisor	Phone Number

### *Certifications/Training*

Please provide information about current certifications.

Certification	Number	Date Completed	Expiration Date
EMT-P			
BCLS (CPR)			
BCLS Instructor			
AED			
AED Instructor			
First Aid Instructor			
EVOC			
HAZMAT Awareness			
Vehicle Rescue Awareness			
ACLS			
ACLS Instructor			
PALS			
PALS Instructor			
PHTLS/ BTLS (which?)			
PHTLS/BTLS Instructor			
EMT Instructor			
Other			

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### *Employment History*

(Including military experience.) Please list all employers and duties beginning with the most recent.

Attach additional sheets if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

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### *Criminal History*

Have you ever been convicted of a misdemeanor or felony crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

Are you currently "online" with Midstate EMS? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have your BLS or ALS privileges ever been suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list details including dates, reason(s), etc.). \_\_\_\_\_

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### *Health Record*

"Employees who work in the ambulance service must drive vehicles and treat, handle, transfer and transport patients. As a result, the job has certain critical functions, which require driving an automobile under stress, and other physically demanding tasks. A complete job description and standard operating procedure for employees in the ambulance service is available for review upon request by any job applicant. In light of these critical job functions, will you be physically and mentally able to perform the duties of the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If you need some accommodation in order to perform the job-related functions, please indicate what accommodations are necessary on an attached sheet of paper. Merely because you have a physical or mental impairment will not automatically disqualify you from consideration if you can perform the job with a reasonable accommodation."

A. Can you perform the essential functions of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you require accommodations to perform the essential functions of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

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### *References*

Please list four references, excluding relatives. Two individuals who are knowledgeable about your activities as an EMT/Paramedic. Two individuals who can provide character references.

#### **EMS References**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Character References**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

