



Malta-Stillwater Emergency Medical Services

Application for Volunteer or Paid Staff Position

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Volunteer or
Paid position: _____ Social Security No.: _____ Drivers License # _____

Are you currently Certified? Y N CFR EMT AEMT Paramedic Cert # Exp Date

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been affiliated with Malta-Stillwater EMS? YES NO What capacity? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

My Availability

Please mark when you are available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6a-Noon							
Noon-6p							
6p-midnight							
Midnight-6a							

Are you on social media?

Social Media Screen Name _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination. I am authorizing Malta-Stillwater EMS to investigate my previous employment, references, verify certification/credentials with New York State and all information pertaining to my application.

Signature: _____ Date: _____

Submit Completed Application Packet containing;

1. Completed and signed application
2. Drivers License Photocopy
2. Photocopy of NYS EMS Certifications (if currently certified)
3. BCLS/ACLS/PALS Certifications (If currently certified)
4. Signed copy of Employee Authorization to Release Records
5. Signed Release affirming fitness to complete agility test

Mail Completed Packet To:

Malta-Stillwater Emergency Medical Services
PO Box 2470
Malta, NY 12020
Attn. Director of Operations
P. 518-899-2100

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I hereby authorize SentryLink LLC, an agent of Malta Ambulance Corps Inc. to make a thorough check of my past employment, education, and activities.

EMPLOYEE/APPLICANT

_____ Last Name	_____ First Name	_____ Middle	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth mm/dd
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State
_____ Email Address				

RESIDENCES (Starting with current)			
_____ Street Address	_____ City/State	_____ Zip	_____ How Long? ____
_____ Street Address	_____ City/State	_____ Zip	_____ How Long? ____

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School	_____	_____	Not applicable	Not applicable
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
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Signature

Date Signed



Malta-Stillwater EMS

Physical Demands for all EMS Operational Positions

Please sign and Return Release on Page #3

PHYSICAL REQUIREMENTS OF THE POSITION

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this position. The position requires significant physical strength and dexterity and the ability to function in very adverse environments with exposure to numerous safety risks typically found at emergency scenes. The following guidelines are used to describe the frequency of activities in this position: *(Occasionally equals 1-33%; Frequently equals 34%-66%; and Continuously equals 67-100% of a typical work day.)*

STANDING/WALKING: Frequently to continuously when responding to calls. Optional while at rest at the facility. This usually includes: going to and from the emergency vehicle, getting patients from their locations, and rendering treatment. Most walking would be for short distances, as emergency vehicles are allowed to get as close to the location as possible. However, the incumbent must also be able to run these same distances, in case of an emergency where time is of the essence. Walking and running may vary, however, as the patient may be located inside a large, multi-floored facility. Standing, walking and running could be on all types of surfaces, including but not limited to: asphalt, cement, concrete, soft/packed dirt, linoleum, wood, hardwood floors, etc. The individual must be able to go up and down slight inclines or declines that may be found at roadsides, agricultural areas, etc. At a location, standing would occur more often than walking or running. Standing would occur on the wide variety of surfaces mentioned above. Standing could last from a few minutes to hours, depending on the situation. Standing could occur in the standard erect position, the kneeling or squatting position, etc.

SITTING: Frequently when responding to a location, the individual will sit in the emergency vehicle. The emergency vehicles are equipped with a standard installed vehicle seat. The time performing the sitting activity on a call would depend upon the specific situation.

LIFTING AND CARRYING: Frequently required to lift and carry weights ranging from a few pounds to ten (10) pounds and above. Occasionally required to lift and carry weights scaled at above 100 pounds or more. Incumbents will need to lift and carry, with one team member, adult patients, lifting them from various positions (such as a bed or a chair) onto various patient movement devices, such as an ambulance stretcher, a stair chair, long back boards, etc., and then efficiently move them into an ambulance. Other heavier objects in the high range category would be 5-foot tall, 10-

inch diameter oxygen cylinders, and medical equipment boxes. The oxygen cylinders can be made of quarter-inch steel and weigh up to 113 pounds. The medical equipment boxes can weigh approximately fifty pounds or more.

BENDING AND STOOPING: Frequently throughout a work shift the individual will be required to bend in a range of 1 to 90 degrees. The average situation will require the individual to work in a range of 35 to 65 degree bends. This would involve: lifting a patient, lifting equipment, treating a patient at ground level, sitting on a bench located in the ambulance. This activity may be prolonged and last up to 30 minutes or more. During any given call, the provider may bend and/or stoop 1 to 15 times per incident.

CROUCHING AND KNEELING: Frequently. Crouching and kneeling may be performed when on the scene picking up equipment or assisting patients. The actual number of times this is done depends on the particular incident but may be up to 15 times for a duration up to 30 minutes or greater.

CLIMBING: Occasionally. This is required when climbing steps up and down with a patient on a stretcher or other device, and when entering or exiting the emergency vehicle. Generally, the climbing would require that the incumbent be lifting and carrying heavy objects such as a stretcher or other device with a patient on it. Balancing may be required when backing down staircases.

REACHING: Frequently to continuously throughout the work shift in order to review monitoring equipment, operate communication equipment, administer oxygen, and operate equipment. The incumbent may also be required to reach in precarious positions, such as in a vehicle, which has been crushed in an accident, or in other confined spaces. If working inside the ambulance en route to a medical facility, the incumbent will need to reach to access the patient and supplies. Reaching will involve partial to full extension of the arms.

PUSHING AND PULLING: Frequently. The activities that would require the most force in pushing and pulling is when removing or returning a gurney to the emergency vehicle, with and without a patient on the gurney. The weight required to push/pull will vary, depending on the weight on the gurney. Slight pushing will be required if the incumbent is performing CPR, which can require repetitive pushing and may range from a few minutes to hours. Pushing and pulling is required when operating and closing vehicle doors.

HANDLING OR GRASPING: Continuously. While working at any given location, continual bilateral gross manipulation is performed in this position. This may be involved when: opening/closing doors; and using, handling, carrying and/or operating medical equipment boxes that may weigh approximately fifty (75) pounds or more, stretcher rails, various handles attached to equipment, and tools. The arm and hand must be able to perform all types of positions, including supination and pronation. Hyperextension, extension and flexion of the fingers will be involved, ulnar and radial deviation, abduction and adduction of the hand and wrist will be required. A wide variety of grasping will be required, such as cylindrical grasping, palmer grasping, hook grasping, tip grasping, lateral grasping and spherical grasping.

HAZARDS: The incumbent, when responding to emergencies, can be exposed to dust, fumes, gases, fire, smoke, adverse weather conditions, and chemicals. Driving at speeds beyond the posted limit may occur and, therefore, the incumbent may be exposed to vehicular accidents at a higher speed than normal. There is also exposure to body substances that may contain infectious materials that could cause illness or death. There is potential for bodily harm or death from violent patients, bystanders, or other dangers. **Applicant must be medically cleared to wear a respirator and a respirator fit test.**

OTHER PHYSICAL REQUIREMENTS

- Maintain balance and strength in awkward positions;
- Speak clearly under stressful circumstances;
- Accurately communicate ideas orally and in writing in English;
- Respond physically with speed;
- Speak loudly; and
- Get along well with others.

Please sign this affirmation, detach and return with your application packet

Affirmation

I certify that I have read the document-Physical Demands for all EMS Operational Positions and I do not have any physical limitations that would prohibit me from performing the physical job functions as described. I understand that during the selection process I will be required to perform the following physical skills:

- Lift a 100 lb barbell and carry it for 100'
- Perform Chest Compressions for 2 minutes
- Carry 75 lbs of equipment
- Lift a stretcher to a vertical position
-

I certify that I am physically able to perform these tasks and I do not have any injuries or conditions that would prevent me from performing these tasks.

Signature _____ **Date** _____

Print Name _____