JOB POSTING

EMPLOYMENT OPPORTUNITY Windsor Fire Department Emergency Medical Technician Application Period Opens: May 28, 2020

Job Function:Participates as a member of a team for the purpose preserving life by providing emergency medical services as an ambulance attendant; provide inter-facility medical transports; perform cleaning and maintenance duties to any equipment, vehicles and to the station as necessary; perform other work related duties as assigned.

Supervision: This is a Part-Time EMT position with potential to lead to a full time job. This position is under the supervision of the Chief of the department and shall take direction from department company officers.

Duties and Responsibilities: Responds to a variety of emergency and non-emergency calls as requested by the public or other agencies as needed. This will include Interfacility transports. Other tasks performed could include but not limited to are: Responding to structural, wildland, automotive fires, response to hazardous materials release or spills, water rescue, wilderness search and rescue for EMS standby. Provide public safety education. Operate all EMS equipment within the scope of your training certification.

Requirements: Graduation from standard high school, trade school or equivalent; must be physically fit. Must have reasonable mechanical aptitude; ability to follow written and oral instructions; possession of a current motor vehicle license; Must have at time of hire, a current State of Vermont, State of New Hampshire and National registry EMT basic licenses

Desired Training: ICS 100 and 200, Emergency Vehicle Operator Course (EVOC)

Other: Must be able to do shift work, must maintain all required certifications and physical fitness to perform duties.

Submit Application and Resume to: Chief Kevin McAllister, 29 Union Street, Windsor, VT 05089 or email to: kmcallister@windsorvt.org.

Application For Employment TOWN OF WINDSOR 29 Union Street, Windsor, VT 05089

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

		(PLEASE PRINT)		
Position(s) Applied For:		·	Dat	e of Application:
How Did You Learn About Us?				
□Advertisement	□ Friend	□ Walk-In		
Employment Agency	□ Relative	□ Other		
Last Name	First Name		Middle Name	
Address: Number	Street	City	State	Zip Code
Telephone Numbers: Home:		Cell:	Social Security Nu	ımber:
Email Address:				r
If you are under 18 year proof of your eligibility	• • •	vide required	Yes	No No
Have you ever filed an a	pplication with us be	efore?	Yes	No No
Have you ever been employed with us before?			Yes	🗌 No
If Yes, give date				
Are you currently emplo	oyed?		Yes	No No
May we contact your pro- Are you prevented from		employed in this cour	Yes Yes of V	□ No isa or Immigration
Status? Proof of citizenship or immigrat	ion status will be required i	ıpon employment.	Tes Yes	□ No
On what date would you	be available for wor	rk?		
Are you available to wo	rk: 🗆 Full Time 🛛	\Box Part Time \Box S	Shift Work	Temporary
Are you currently on "la	y-off" status and sub	ject to recall?	Yes	🗌 No
Can you travel if a job re	equires it?		Yes	No No
Have you been convicte Conviction will not necessarily of If Yes, please explain			🗌 Yes	□ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate / College				
Graduate Professional				
Other (Specify)				
Other Languages: SPE	EAK	READ		

Other Languages:

WRITE _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color; religion, gender, national origin, handicap or other protected status.

1.	Employer		
	Address		
	Telephone Number	Job Title	
	Date Employed	Date Left	
	Reason for Leaving		
2.			
	Telephone Number	Job Title	
	Date Employed	Date Left	
	Reason for Leaving		
3.			
	Address		
		Job Title	
	Date Employed	Date Left	
	Reason for Leaving		

4.	Employer	
	Address	
	Telephone Number	Job Title
	Date Employed	Date Left
	Reason for Leaving	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

_____Machinery (list):

Other (list):

____Excel Spreadsheet; _____Typewriter; _____MS Word; _____Database

State any additional information you feel your application should include.

If you are applying for a job that may involve driving a municipal vehicle please answer the following: Do you possess a valid VT Driver's License Yes No

Please check License Type ____ Operators ____ CDL

Expiration Date: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential duties of the job for which you have applied with or without a reasonable accommodation? A description of the activities involved in such a job or occupation is attached.

_YES __NO

If you wish to give additional information, use the space below:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

References:

1.	
(Name)	(Address)
(Phone #)	
2	
(Name)	(Address)
(Phone #)	
3	
(Name)	(Address)
(Phone #)	