Full-Time Paramedic Position Opening

Spearfish Emergency Ambulance Service (SEAS) is accepting applications for one or more opened full-time paramedic positions. The position is scheduled around a three crew rotation (24hr on / 48 hr off).

Qualification for Position:
- Shall have a working knowledge of the laws, policies and procedures as they apply to persons and equipment under the care and supervision of the corporation.
- Shall be a skilled driver with a current valid South Dakota driver’s license, EVOC certification and must be insurable as an Emergency Vehicle Operator.
- Shall have current National Registry and/or SD State certification/licensure as a Paramedic and be knowledgeable in all areas of patient care and evaluation according to state guidelines and level of certification/licensure. Shall be licensable as a Paramedic through the SD Board of Medical and Osteopathic Examiners.
- Must be physically capable of preforming his/her duties as outlined in the Employment Position Description, Employee Handbook, Policies & Procedures and all other employment related documents.

Duties of Position:
- Shall serve as principle Paramedic, responding to calls for service during scheduled working hours.
- Shall be available for call back in time of increased call volume and as directed by the Executive Director or designee.
- Will complete all duties as required on the Daily, Weekly and Monthly Station Duties Log.
- Shall maintain cleaning guidelines for vehicles and equipment according to SEAS policies and procedures for infection control.
- Shall preform all other duties as requested by the Executive Director or designee.

Serious qualified applicants should return the attached application for employment to:

Spearfish Ambulance  
Executive Director – Brian Hambek  
715 E. Colorado Blvd.  
Spearfish, SD 57783

Phone: 605-642-8810  
Fax: 605-717-0193  
Email: seas@rushmore.com
Employment Application

I am applying for (check all that apply): □ Full-Time  □ Part-Time  □ Volunteer (paid)

Name: ___________________________________________   Soc. Sec # : ______-_____-________
Address: _________________________________________________________________  DOB: _____/_____/_______
City: __________________________  State: _____  Zip Code: ___________ Phone: Hm _________________________
E-Mail Address: ______________________________________________  Cell Phone #: _________________________
Drivers License #: ________________________________________  State: __________ Exp. Date: _____/_____/_____ 
SD EMT # ________________  Exp. Date _____/_____  NREMT # ________________ Exp. Date _____/_____ 
Check One: □ EMR / EVOC  □ EMT / EMT-B  □ I-85  □ AEMT  □ Paramedic
Advanced Life Support License # ________________________ Exp. Date _____/_____/_____ State: _______________

Highest Level of Education (with completion date)

□ High School: _____/____/____  □ College/University Degree: _____/____
□ Some Technical schooling (no degree)  □ Graduate School Degree: _____/____
□ Veteran Status: (Check One) N/A □ Active Duty □ Reserve □ Honorable Discharge

Location of Initial EMS Training

EMR/EVOC: Date Certified: _____/_____/_____ 
EMT/EMT-Basic: Date Certified: _____/______/_____ 
EMT-Intermediate: Date Certified: _____/_____/_____ 
Advanced EMT: Date Certified: _____/_____/_____ 
Paramedic: Date Certified: _____/_____/_____ 

Other Training and Year Completed

1. _________________________________________  3. _________________________________________
2. _________________________________________  4. _________________________________________

Other Ambulance Services Employed With, Years at Each, Title & Contact Phone Number

___________________________________________          ___________________________________________
___________________________________________          ___________________________________________

• Have you ever been employed by Spearfish Ambulance Service before? □ YES □ NO
  If YES, when and reason for leaving:________________________________________________________________

• Do you have ANY health problems that may interfere with you performing your job? □ YES □ NO
  If YES, please list: __________________________________________________________________________

• Have you ever been convicted of a felony under state or federal law? □ YES □ NO
  If YES, please explain:
  When: _____/_____/_____   Disposition: __________________________________________

• Have you ever had your healthcare certification or license suspended or revoked? □ N/A □ YES □ NO
  If YES, please explain:
  When: _____/_____/_____   Disposition: ___________________________ State: ______________

Applicant Initials: ______
References

1. Name: ____________________________ Relationship: ____________________
   Address: _____________________________________________________________________________________
   Phone (day): ______________________ Phone (night): ______________________

2. Name: ____________________________ Relationship: ____________________
   Address: _____________________________________________________________________________________
   Phone (day): ______________________ Phone (night): ______________________

3. Name: ____________________________ Relationship: ____________________
   Address: _____________________________________________________________________________________
   Phone (day): ______________________ Phone (night): ______________________

   By my signature, I hereby authorize the Executive Director to conduct a background check and/or obtain a criminal record on me. I hereby understand that the Executive Director will confidentially hold the results of the criminal record check. The results of this check will be taken into consideration when accepting or rejecting applications.

   Our insurance carrier checks personal driving records. If you have more than three (3) traffic violations in the past three (3) years, you will not be allowed to operate our vehicles.

   You MUST supply current copies of the following documents: Social Security card, Driver’s License, SD EMT card, CPR card.

   Please supply current copies of the following documents if applicable: NREMT card, ACLS card, PALS card, and/or other current certification(s).

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed in this document to give Spearfish Emergency Ambulance Service, Inc. and its Executive Officer(s) all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing said information to Spearfish Emergency Ambulance Service, Inc. In consideration of my employment, I agree to conform to the rules and regulations of Spearfish Emergency Ambulance Service, Inc. I further agree that either Spearfish Emergency Ambulance Service, Inc. or I may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of Spearfish Emergency Ambulance Service, Inc., other than the Executive Director, has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Applicant Name (print): _______________________________________________________________________
Applicant Signature: ____________________________________________ Date: _____/____/____

In the Event of an Emergency – Please Notify:

1. Name: ____________________________ Relationship: ____________________
   Address: _____________________________________________________________________________________
   Phone (day): ______________________ Phone (night): ______________________

2. Name: ____________________________ Relationship: ____________________
   Address: _____________________________________________________________________________________
   Phone (day): ______________________ Phone (night): ______________________

Voluntary Personal Information:

(Employment is not subject to the following information)

   Do you speak any language(s) other than English? □ YES □ NO
   If YES what: ____________________________________________________

   Marital Status: □ Single □ Married Name of Spouse: _____________________________
   Number of family members/dependents (including yourself): __________

Dependent Children

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