



210 FILLMORE ST W

PO BOX 657

PRESTON, MN 55965

P: 507-765-2153 F: 507-765-2794

City of Preston EMS is currently seeking applicants for a full-time Emergency Medical Technician (EMT) to join our BLS ambulance service. Preston is located 35 miles SE of Rochester and offers exceptional outdoor recreational opportunities including fishing, hunting, biking and hiking. EMT job responsibilities include pre-hospital emergency care, cleaning and restocking equipment, assisting EMS director with daily operations along with other tasks as directed. This position will be required to be on-call 1 - 24 hour weekend shift per pay period (biweekly) Friday 6pm to Saturday 6pm or Saturday 6pm to Sunday 6pm. NREMT licensed EMTs with prior EMS experience are encouraged to apply; experience preferred but not required with 12-lead cardiac monitoring, IV's, LUCAS mechanical CPR, electronic reports, and CEVO. Applications are available at www.prestonmn.org or at Preston City Hall, 210 Fillmore ST W, Preston, MN. Applications received by October 20th will receive first consideration, all other applications will be reviewed until the position is filled.

Please return applications with letter of interest to:

City of Preston
Attn: EMT position
PO Box 657
Preston, MN 55965

Emergency Medical Technician

Position Title: Emergency Medical Technician
Department: Ambulance
Supervisor's Title: Ambulance Director

Pay Grade: - 5
FLSA Status: Non-exempt
Work Status: Full-time

Purpose

The Emergency Medical Technician (EMT) is responsible for delivering and administering high quality care and transportation to ill and injured persons. The EMT must demonstrate clinical competency and compassion in providing for physical and emotional needs of patients. The EMT will assist the ambulance director in EMS operations and assigned city tasks.

Organizational Relationships

Reports to: Ambulance Director

Communicates with: *Internally* –EMTs/Drivers, City/Utility employees
Externally – Customers and patients, other health care professionals (hospitals, first response agencies, and insurance representatives), County dispatch and social services personnel, suppliers and vendors, and media.

ESSENTIAL FUNCTIONS

- Provide pre-hospital emergency care according to established medical protocols.
- Perform triage and a variety of emergency medical treatments at the Basic Life Support level.
- Provide continuing care and treatment while enroute to an emergency medical facility; monitor and report changes in patient condition.
- Under medical direction and following prescribed standing orders perform a variety of invasive and non-invasive therapies including but not limited to assessment and evaluation of the ill and injured, cardiopulmonary resuscitation and defibrillation, administration of medications, agents and solutions, and pulmonary ventilation, application of dressing and bandages, control of shock, and immobilization of fractures, and all other skills contained within the Department of Transportation manual of knowledge objectives for EMTs.
- Drive the ambulance to emergency scenes, transport patients to hospitals.
- Employ safe lifting and moving techniques. Maintain ambulance vehicle, equipment and station.
- Handle radio communications during emergency and non-emergency situations professionally.
- Keep records and logs on daily activities.
- Perform related duties as assigned by management.
- Ensure ambulance service functions at an appropriate level of preparedness
- General Office skills (answer phones, typing, filing)

OTHER DUTIES AND RESPONSIBILITIES

- Cleaning equipment, Inventory and re-stocking of supplies
- Performs other related duties and responsibilities as assigned by supervisor or apparent.
- Attends trainings and meetings as directed.

REQUIRED KNOWLEDGE, SKILLS, and ABILITIES

- Knowledge of all applicable laws/rules/regulations related to ambulance and EMS operations
- Knowledge of roads and highways found in service area
- Skill in responding to angry and or upset customers

~City of Preston~

- Skill in operating ambulance and EMS equipment
- Ability to quickly respond to emergency decisions and take appropriate action
- Ability to communicate effectively, orally, and in writing, and speak / present to a variety of groups
- Ability to exert light to moderate to considerable physical effort in performing work with ambulance and emergency medical services.
- Ability to use a computer and related software (MS Office, Imagetrend EPCR)
- Ability to handle confidential information with discretion.
- Ability to work with minimal supervision.
- Ability to comprehend and follow oral and written instructions.
- Ability to comprehend and apply the Open Meeting Law and Data Practices Act.
- Ability to establish effective working relationships with City and Utility officials, supervisors and their employees, representatives of other governmental units, and the general public.
- Knowledge of, and skill in, the correct use of English in business writing.
- Ability to work independently and plan, organize and prioritize work tasks.
- Ability to prepare work results with 100% completeness and accuracy.
- Ability to handle multiple ongoing tasks and complete work in a timely manner.

Machines, tools, and equipment used: Computer and printer, phone, calculator, and other typical office equipment.

MINIMUM REQUIREMENTS

- MN State Certified Basic EMT, current BLS CPR certificate and prior Fire/EMS experience. EVOC Certified with a Class D Driver's license.

Preferred Qualifications

- 1 Year experience as an EMT including IV experience, 12-lead Cardiac monitoring, LUCAS CPR device, EPCR knowledge
- National Registered EMT
- First Aid/CPR Instructor or willing to obtain
- Statewide Trauma Protocol Implementation Process

Working Conditions

Work is performed both inside and outside depending on activity. Work involves a variety of movements such as standing, walking, sitting, bending, crouching, pushing, pulling, repetitive movements, and twisting. Exposure to temperature extremes and infectious diseases while responding to calls. Calls may involve lifting or carrying people and heavy equipment. Operates a vehicle, radio, and EMS equipment.

PRESTON EMERGENCY SERVICE

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	DATE
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary N/A	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Education					
HIGH SCHOOL					
From		Address			
College	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
References					
PLEASE LIST THREE PROFESSIONAL REFERENCES.					
<i>Full Name</i>					
Company			Relationship		
Address			Phone ()		
<i>Full Name</i>					
Company			Relationship		
Address			Phone ()		
<i>Full Name</i>					
Company			Relationship		
Address			Phone ()		

LICENSE INFORMATION

Driver License #	State Issued	
Expiration		
Have you taken a Certified Emergency Vehicle operator's course?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My driving privileges in Minnesota (whether or not I have a Minnesota driver's license) are fully valid (NOT suspended, revoked, limited, or canceled).		
CPR Certificate		Renewal Date
YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you certified as a CPR Instructor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMERGENCY MEDICAL TECHNICIAN LICENSE/FIRST RESPONDER LICENSE

State Issued	License Number	
Renewal Date		
Are you nationally certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
National License Number	Renewal Date	

ON-CALL AVAILABILITY FOR VOLUNTEERS

Are you available during the day Monday through Friday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your employer allow you to respond?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available during the weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*Hour requirement does not apply to EMT pool employees
Preston Emergency Service requires members to be on-call 60 hours per month of which 24 hours must be weekend hours. Weekend shifts are scheduled in 24 hours shifts. (Friday 6PM to Saturday 6PM or Saturday 6PM to Sunday 6PM)

Would you be able to meet this requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PLEASE ATTACH PHOTO COPY OF ALL APPLICABLE LICENSES.

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 **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 release.

I certify that I have read and understand this application to its entirety and the answers and statements given by me are complete and true to the best of my knowledge. I understand that any false information, deletions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during employment. I authorize the company and/or its agents, including consumer report bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records.

I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand, the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date