



WISE COUNTY EMS

1101 W. Rose Ave.

Decatur , Texas 76234

(940)627-2002 Fax (940)627-7521

We appreciate your interest in Wise County EMS. In an effort to increase the professionalism and to strive for excellence, Wise County EMS has incorporated a pre-employment program. The pre-employment criterion requires competency testing and background investigations.

This packet is the application and personal history statement. This packet must be completed in its entirety and returned the address noted above.

We will only accept applications during the specific dates the available position(s) is posted on our website www.ems.co.wise.tx.us.

After submission of the application and personal history statement, the applicant will be made aware of upcoming competency testing dates. The testing dates will also be posted on our website www.ems.co.wise.tx.us. No appointment is necessary for the competency testing. Arrive on the date and time as instructed or as posted on our website. When the applicant has successfully completed the competency testing, he or she will be placed on an eligibility list and advised of the next phase of the process.

Upon successful completion of all phases of the pre-employment process, an oral panel interview will be conducted. Based upon the cumulative results, a final eligibility list will be determined.

If you are applying for a PART-TIME position, Wise County EMS part-time employees are required to work a minimum of 20 hours per calendar month, but not to exceed 30 hours in a calendar week. Shifts are available via text notification from the supervisor on a first response basis. Most of the full-time positions are filled from our part-time employees dependent on department needs.

Wise County EMS would like to reiterate its goal to bring efficient and effective emergency medical services to Wise County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

APPLICATION FOR EMPLOYMENT AND PERSONAL HISTORY STATEMENT



NAME: _____

POSITION(S) APPLIED FOR: PARAMEDIC EMT OTHER _____

WISE COUNTY EMS
1101 W. ROSE AVENUE
DECATUR, TX 76234

WISE COUNTY EMS

POLICY and PROCEDURES

Policy #: 110 – Hiring Policy

Level: All Field Staff

Purpose: To establish guidelines and procedures for hiring new employees at Wise County EMS.

Policy: All new hires will be subject to specific rules and guidelines when applying for, and being accepted to, employment by Wise County EMS.

Definitions:

- Applicant – any person submitting an application who has not yet been offered employment by Wise County EMS
- New hire – any person who has submitted an application in compliance with this policy who has been offered employment at Wise County EMS pending successful completion of the new hire process.
- Administration/Administrative staff – the Wise County EMS Administrator, supervisors, and appointed proxies
- Public forum – Any location which is accessible to the general public including, but not limited to, the Wise County EMS website, newspaper, public bulletin board, social media, etc.
- FTO – Field training officer or field training orientation

Procedural Guidelines & Responsibility:

When applying for employment at Wise County EMS, the following guidelines and rules shall apply:

- Wise County EMS shall post hiring processes according to and in compliance with Wise County EMS guidelines, rules, and regulations.
- Applications shall be Wise County compliant.
- All potential applicants will submit a Wise County EMS approved application, completed in full, including any requested relevant certification documentation. Applications will not be considered for processing if they are determined to be incomplete.
- Applications must be submitted before the deadline posted.
- Applications received after the posted deadline will not be considered for that hiring process.
- Applicants with two or more periods of employment with Wise County EMS may not be considered for further employment.
- Wise County EMS will host two hiring processes throughout the year, with one being hosted in the Spring and one being hosted in the Fall. Dates will be pre-determined and posted in a public forum so as to be available to applicants with ample time to complete the application process. Cancellations of new hire processes may occur from time to time when no open positions of employment at Wise County EMS exist. Cancellations will be announced in a public forum at least 2 weeks prior to the new hire process date.

Procedural Guidelines & Responsibility Continued:

- Each hire process will include two test dates, two interview dates, and two new hire academy weeks. Adjustments to the schedule will be at the discretion of the administrative staff at Wise County EMS and will be announced with two-week notice. Cancellation of test dates, interview dates, and new hire academies may occur if administrative staff determines that they are not required due to a lack of need.
- New Hire Academies will have at least one week between their commencement to allow for accommodations to the schedules of new hires.
- Applicants offered employment with Wise County EMS **must** complete a new hire academy **in full** before being allowed to continue with the new hire process. Any new hire who is unable to complete the new hire academy in full will be subject to termination of employment. Exceptions:
 - Current Wise County EMS employees may have a modified training process to eliminate unnecessary repetition of phases previously completed during their initial new hire phase.
 - Wise County EMS employees with less than one year of time between voluntary termination of employment and rehire may be allowed to waive certain portions of the new hire process on a case-by-case basis as determined by the administration.
- Applicants who have successfully completed the new hire academy will begin the FTO phase of the new hire process.
- The FTO phase of the new hire process, as well as its requirements, will be explained in full during the new hire academy and acknowledged in writing by the new hire.
- Successful completion of the FTO phase will conclude with a written protocol exam and scenario-based skills examination conducted by a panel appointed by the administrative staff. The new hire must successfully pass both the written and scenario-based skills portion to be released to independent duty.
- Successful completion of the FTO phase will allow the new hire to function independently in the role of their state recognized certification level during a probationary phase of 365 days, commencing on the date the new hire successfully completed the FTO phase of the new hire process.
- This policy shall be included with all applications and must be acknowledged by all applicants, indicating their understanding of the new hire process and the requirements of the applicant should they be offered employment at Wise County EMS.
- If at any time, an applicant or new hire is unable to complete each step of the application and new hire process, they may be subject to termination from the process or from employment with Wise County EMS.

I, _____, by signing this policy and procedure acknowledge,

Name

understand and agree with the Wise County EMS Hiring Policy.

Signature

Date

IMPORTANT

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your application and personal history statement for employment with Wise County EMS. **It is essential that the information be correct and complete.**

Your application and personal history statement for employment will be used as the basis for a background investigation that will determine your eligibility for the position for which you have applied.

1. Answer all questions completely. If a question does not apply to you, enter "N/A" (not applicable) in the space provided.
2. Avoid errors by reading the instructions carefully before making entries on the form. Be sure your information is correct and in sequence before you begin.
3. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification or find it in a directory. Your local library may have directory sources available. Include the area code for all phone numbers listed.
4. If there is insufficient space on the application and personal history statement for employment, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.

Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the application and personal history statement for employment, you are required to submit:

- Copy of Drivers License
- Copy of Social Security Card
- TDSHS (TX Department of State Health Services) Certification
- National Registry Certification, if applicable.
- All Other Certifications: PEEP, ACLS, BTLS, PALS, CPR, etc.
- An official high school transcript and a copy of your diploma or GED, if completed within the past five (5) years and applicable.
- An official college transcript and a copy of any certifications or diploma, if applicable.
- Copy of Military Form DD214 (Discharge), if applicable.

If you have any questions concerning this required documentation or the instructions, please call the on-duty supervisor at 940-393-9720 or 940-627-2002, ext. 479.

PERSONAL IDENTIFICATION

Name _____
LAST FIRST MIDDLE

Other names used (Maiden, Adoption, Nicknames, etc.) _____

Name by which you prefer to be addressed _____

Home Address _____
Number Street City State Zip

Mailing Address _____

Phones _____
Cellular Home

Social Security Number _____ - _____ - _____
E-mail address

Drivers License Number: _____
Number Class Issuing State Expiration

GENERAL INFORMATION

Have you ever filed an application here before? Yes No If yes, give date: _____

Have you ever been employed with Wise County previously? Yes No

If yes, give dates: _____

Do you have the legal right to work in the United States? Yes No **(Proof of citizenship or immigration status will be required upon employment.)**

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No
 (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Indicate languages you speak, read, and or write and classify your skill:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

EDUCATIONAL HISTORY

List all Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges and universities and you did not graduate, indicate the number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and if you were awarded a diploma or certificate.

NAME AND TYPE OF SCHOOL (List City and State)	DATES ATTENDED FROM TO		DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED

List professional, trade or business activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

Summarize special skills and qualifications acquired from employment.

MILITARY SERVICE

Veteran of U.S. Military service? Yes No If yes, which branch? _____

DRIVING RECORD

How many moving violation citations have you received in the past 5 years? _____

How many traffic accidents have you been involved in the past 5 years as the driver? _____

Have you ever driven a motor vehicle without a valid driver's license for that vehicle? Yes No

Have you ever driven a motor vehicle within the past 3 years without valid insurance? Yes No

Have you ever had your driver's license suspended? Yes No

If YES: Date of Suspension / / Date Suspension lifted: / /
MM DD YYYY MM DD YYYY

Type of suspension: _____

Have you ever:

Had your driver's license placed on probation for receiving an excessive number of moving violations?

Yes No

Had a hearing for probation or suspension? Yes No

Been placed on assigned risk for insurance? Yes No

Had your insurance revoked due to the number of traffic citations you have received? Yes No

Knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked?

Yes No

Do you have a valid driver's license issued in more than one state? Yes No

If YES, list state(s): _____

Have you ever been denied a driver's license for any reason? Yes No

EMPLOYMENT HISTORY

Beginning with your PRESENT or MOST RECENT job, list all jobs that you have held, including part-time, temporary, or seasonal positions. You may photocopy page 8 if you need additional pages. (Jobs are considered as any position you accepted pay, regardless of the length of the job.)

IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT? Yes No

Full-time Part-time Seasonal

Employer Name: _____

Employer Address: _____

Employer Phone: _____
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: _____ Ending: _____
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: _____

Duties and Responsibilities:

Did you receive job performance evaluations while with this company? Yes No

Are you eligible for re-hire? Yes No

Name of Final Supervisor: _____

Reason for Leaving: _____

Was notice given? Yes No If YES, how much? _____

INVESTIGATOR NOTES

EMPLOYMENT HISTORY, continued.

IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT? Yes No

Full-time Part-time Seasonal

Employer Name: _____

Employer Address: _____

Employer Phone: _____
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: _____ Ending: _____
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INVESTIGATOR NOTES

EMPLOYMENT HISTORY, continued.

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INVESTIGATOR NOTES

EMPLOYMENT HISTORY, continued.

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Employer Name: _____

Employer Address: _____

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EMPLOYMENT HISTORY, continued.

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Reason for Leaving: _____

Was notice given? Yes No If YES, how much? _____

INVESTIGATOR NOTES

BUSINESS REFERNCES

List three (3) persons who know you well enough to provide information about your work history.

1	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

2	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

3	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

RESIDENCES

List all residences where you have lived during the past seven (7) years, beginning with your present address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office telephone numbers.

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

STATEMENT OF CERTIFICATION

I understand that no employment contract either expressed or implied is created should I be hired by Wise County. I understand that I will be required to pass a drug and/or alcohol test, as well as a physical prior to employment. I give my consent to Wise County to conduct a background investigation including reference checks, criminal searches and verification of credentials.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant Wise County permission to verify such answers. I understand that any false statement on this application and personal history statement may be considered sufficient cause for rejection of this application, or dismissal if such false statement of this application is discovered subsequent to my employment.

All applicants accepted for employment with Wise County must provide proof of identification and proof of eligibility to work in the United States within 3 days of employment.

All Wise County employees ***MUST*** have a checking account available for direct deposit of payroll proceeds. There are no exceptions to this policy.

I understand that if hired, Wise County or I may terminate my employment at any time for any reason with or without notice.

Signature

Date

**WISE COUNTY
AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK**

STATE OF TEXAS §

COUNTY OF WISE §

I hereby **CONSENT** for **WISE COUNTY** to run a Criminal Background check as to any arrest or conviction records that exist and/or review of my past driving record. I **FURTHER CONSENT** to **WISE COUNTY** to make the results of such criminal background check or past driving record available to my prospective supervisor/employer.

I hereby **RELEASE WISE COUNTY**, its officers and employees, from any and all claims which otherwise have due to the results being made so available without my consent. I hereby **COVENANT NOT TO FILE ANY ACTION** at law or in equity against **WISE COUNTY** and their respective elected officials or employees in connection with the results of such criminal background check and/or driving record being made available, including an action based on the negligence of any party, and I hereby agree to **INDEMNIFY** and **SAVE HARMLESS WISE COUNTY**, its elected officials and employees.

SIGNED THIS _____ DAY OF _____, 20 _____.

SIGNATURE

NAME PRINTED

DATE OF BIRTH

DRIVER'S LICENSE NUMBER AND STATE

ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

