



P.O. Box 672 • Rhinebeck, NY 12572
(845) 876-0338 • (800) 580-2909 • Fax (845) 876-7071 • www.ndpems.com

Dear Prospective Employee:

Thank you for your interest in employment with NDP Emergency Medical Services!

To ensure that full consideration may be given to your application, please:

- Print legibly and fill in all blanks. If something does not apply please write N/A.
- Provide the name, address, title and contact information for current and former employers, including a phone number.
- Complete the enclosed General Consent for Release of Personal Information (Does not need to be Notarized) (page 9).
- Complete the Consent to Drug and/or Alcohol Testing page including the witness signature. (EMS applicants) Please read and understand the official New York State Job Description for
- Emergency Medical Technician. EMS applicants must be able to fulfill 100% of the job requirements listed on this Job Description.
- Sign and date on all sections of the application as required.
- Enclose a legible copy of the front and back of your Driver License, New York State certification card, Healthcare Provider CPR card and all other necessary EMS credentials.
- DO NOT enclose a copy of your Social Security Card with the application.

Incomplete applications will not be considered.

Prospective candidates for EMS employment may be asked to successfully complete a written baseline competency exam and a practical skills baseline competency.

Completed applications may be mailed, scanned and emailed, faxed or dropped off in person. Our contact information is listed at the top of this letter. If you have any questions, or would like to follow up on your application, please feel free to contact me at NDP Station 1 in Rhinebeck at (845) 876-0448, ext 125, or you may send email to bheath@ndpems.com.

Thanks for applying and best wishes in your search for employment.

Sincerely,

Bruce Heath, EMT-P
Human Resources



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NDP EMPLOYEE BENEFITS

ALL EMPLOYEES

- Competitive Wages •
- Friendly and Supportive Working Environment •
- Opportunities for Professional Growth •
- Company-Sponsored Social Events •

Statutory Benefits Including:

- Family & Medical Leave •
- Military Training Leave •
- Workers' Compensation •
- Disability Insurance •
- Unemployment Insurance •
- Social Security •

FULL-TIME EMPLOYEES

- Paid Vacation •
- Paid Sick Time •
- Health Insurance & Dental Insurance •
- Bereavement Leave •
- Paramedic School Tuition Reimbursement •
- 401(k) •

Job Description - Emergency Medical Technician – Basic

Responsibilities:

Emergency Medical Technicians-Basic (EMT-B) respond to emergency calls to provide efficient and immediate care to the critically ill and injured, and to transport the patient to a medical facility. After receiving the call from the dispatcher, the EMT-B drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. The EMT-B must observe traffic ordinances and regulations concerning emergency vehicle operation.

The EMT-B:

- ◆ functions in uncommon situations;
- ◆ has a basic understanding of stress response and methods to ensure personal well-being;
- ◆ has an understanding of body substance isolation;
- ◆ understands basic medical-legal principles;
- ◆ functions within the scope of care as defined by state, regional and local regulatory agencies;
- ◆ complies with regulations on the handling of the deceased, notifies authorities and arranges for protection of property and evidence at the scene.

Upon arrival at the scene of crash or illness, the EMT-B parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-B will also "size-up" the scene to determine: that the scene is safe; the mechanism of injury or nature of illness; the total number of patients; and to request additional help, if necessary. In the absence of law enforcement, the EMT-B creates a safe traffic environment, such as the placement of road flares, removal of debris and redirection of traffic for the protection of the injured and those assisting in the care of injured patients. The EMT-B determines the nature and extent of illness or injury and establishes priority for required emergency care. The EMT-B renders emergency medical and or trauma care, to adults, children and infants based on assessment findings. Duties include but are not limited to:

- ◆ opening and maintaining an airway;
- ◆ ventilating patients;
- ◆ administering cardiopulmonary resuscitation, including use of automated external defibrillators;
- ◆ providing prehospital emergency medical care of simple and multiple system trauma such as:
 - controlling hemorrhage,
 - treatment of shock (hypoperfusion),
 - bandaging wounds,
 - immobilization of painful, swollen, or deformed extremities,
 - immobilization of painful, swollen, or deformed neck or spine;
- providing emergency medical care to:
 - assist in emergency childbirth,
 - manage general medical complaints of altered mental status, respiratory, cardiac, diabetic, allergic reaction, seizures, poisoning behavioral emergencies, environmental emergencies, and psychological crises. Additional care is provided based upon assessment of the patient and obtaining historical information.
- searching for medical identification emblems as a guide to appropriate emergency medical care.
- assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine autoinjectors and hand-held aerosol inhalers.
- administration of oxygen, oral glucose and activated charcoal.
- reassuring patients and bystanders by working in a confident, efficient manner.
- avoiding mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, the EMT-B assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, the EMT-B radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

The EMT-B is responsible for:

- ◆ lifting the stretcher (be able to lift and carry 125 pounds),
- ◆ placing it in the ambulance and seeing that the patient and stretcher are secured
- ◆ continuing emergency medical care while enroute to the medical facility.

The EMT-B uses the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities to determine the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. The EMT-B reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported and the destination to assure prompt medical care on arrival. The EMT-B identifies assessment findings, which may require communications with medical control, for advise and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

The EMT-B:

- ◆ constantly assesses the patient enroute to the emergency facility, administers additional care as indicated or directed by medical control,
- ◆ assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility
- ◆ reports verbally and in writing, their observation and emergency medical care of the patient at the emergency scene and in transit, to the receiving medical facility staff for purposes of records and diagnostics
- ◆ upon request provides assistance to the receiving medical facility staff.

After each call, the EMT-B:

- ◆ restocks and replaces used linens, blankets and other supplies,
- ◆ cleans all equipment following appropriate disinfecting procedures,
- ◆ makes careful check of all equipment so that the ambulance is ready for the next run
- ◆ maintains ambulance in efficient operating condition
- ◆ ensures that the ambulance is clean and washed and kept in a neat orderly condition
- ◆ in accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Additionally the EMT-B:

- ◆ determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service
- ◆ attends continuing education and refresher training programs as required by employers, medical control, licensing or certifying agencies.



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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address 1: _____
(Mailing Address)

Address 2: _____
(Physical Address, If Different from Mailing Address)

City: _____ State: _____ Zip Code: _____

EMPLOYMENT DESIRED

Paramedic EMT Dispatcher Billing Representative

Other _____

Full-Time Part-Time Per-Diem

Date Available to Start: ____/____/____

Are you currently employed? Yes No

If yes, may we inquire of your present employer? Yes No

Your current work schedule: _____

Have you ever filed an application with us before? Yes No

If Yes, the approximate date it was filed: _____

EMPLOYMENT HISTORY

List your last three employers below, beginning with the most recent:

Date of Employment	Name of Employer, Address, Telephone Number, Supervisor's Name & Position Held	Reason for Leaving
From: To:		
From: To:		
From: To:		

PROFESSIONAL REFERENCES

1. _____ (Name) _____ (Address) _____ (Phone Number)
2. _____ (Name) _____ (Address) _____ (Phone Number)
3. _____ (Name) _____ (Address) _____ (Phone Number)

SPECIAL SKILLS AND/OR TRAINING

Summarize any special job related skills and/or training which may be an asset to the position for which you are applying:

DRIVING EXPERIENCE

Do you possess a valid Driver License? Yes No State of Issue _____

If Yes, date License was first issued: ____/____/____

Current Expiration: ____/____/____

Driver ID Number: ____-____-____

List below, any traffic violations, accidents, and/or revocations you may have incurred during the last 40 months:

Date: ____/____/____ _____

Date: ____/____/____ _____

Date: ____/____/____ _____

FORMAL EDUCATION

Educational Institution	Name and Address	Dates Attended	Certificate/Degree Earned
High School			
Secondary Education			

Have you ever been convicted of any offense other than a violation? Yes No

If yes, explain below:

Submit photocopies of the following Documents with your Application:
(Original Documents will be required for inspection at Interview)

1. New York State Driver License
2. Any other Documents which may be pertinent to the position for which you are applying
(EMT/Paramedic Certification, CPR, ACLS, CDL, etc.)

APPLICANT'S STATEMENT

I certify that all information provided herein is true and complete to the best of my knowledge.

I authorize investigation of all statements and references as may be necessary in arriving at the employment decision.

In the event of employment, I understand that, upon the discovery of false or misleading information given in my application or during my employment interview, discovery of said information may result in my discharge. I also understand that I am required to follow all rules, regulations, policies, procedures, and job requirements of the employer and that my failure to do so may result in my discharge.

EMS Applicants:

I understand that I must be able to fulfill all of the functional job responsibilities as outlined on the New York State Job Description for Emergency Medical Technician – Basic (application pages 2 – 3).

Name of Applicant (Print)

Signature of Applicant

____/____/____
Date

If you were referred for employment by a current NDP employee please indicate their name here: _____ (Cannot be modified after submission)

Please provide us with the following information to assist us in contacting you:

Name: _____

Position Applied For: _____

Home Phone: _____

Cellular Phone: _____

E-Mail Address: _____

Best Time & Method to Contact You: _____

Please complete all aspects of this application and return to:

NDP EMS
Attn: Human Resources
P. O. Box 672
Rhinebeck, NY 12572

EOE



(Office Use Only) Date Received _____



Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as Personal Information. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (permissible uses) for which the Department of Motor Vehicles may release records containing personal information. A copy of the DPPA, and the permissible uses in New York State, are printed on form MV-15DPPA.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (signed authorization) of that permission.

Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked Motorist. Print the record requester's name in the blank marked Record Requester. Then visit a notary public. In the presence of the notary, sign on the line marked Motorist's Signature, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, _____, authorize the New York State Department of Motor Vehicles
(Motorist)
to disclose or otherwise make available to Northern Dutchess Paramedics, Inc personal information about
(Record Requester)
me obtained by the Department in connection with a motor vehicle record.

X

Motorist's Signature

STATE OF _____

ss:

COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared
(month) (year)

_____, to me known and who by me being duly sworn, acknowledged
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

NOTE: The requester may not also act as notary.

Notary Public





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Disclosure under Fair Credit Reporting Act and Consent to Procure Consumer Report for Employment Purposes

The undersigned hereby authorizes NDP Emergency Medical Services, or its insurance agency, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof.

(Signature of applicant/employee)

(Date)



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BACKGROUND CHECK PERMISSION (COMPREHENSIVE) FOR PROSPECTIVE EMPLOYEE

1. General Consent to Background Investigation

In connection with my application for employment, I give permission to NDP to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to verification of all information on my employment application.

2. Consent to Contact Past Employers

I specifically give permission to NDP to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with NDP, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of NDP. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to NDP. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this agreement.

3. Consent to Contact Government Agencies

I further give permission to NDP to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate NDP as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. Cooperation With Investigation

I agree to fully cooperate in NDP's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Miscellaneous

This agreement represents the entire understanding and agreement relating to its subject matter. NDP shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and that NDP may determine not to hire me for any lawful reason.

Applicant's Signature

Date

Applicant's Printed Name



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CONSENT TO DRUG AND/OR ALCOHOL TESTING

I understand it is the policy of NDP for which I am employed or will be employed to conduct drug and/or alcohol tests for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements of employment with the company is the satisfactory passing of the drug and/or alcohol test(s).

For the purpose of my continued employment or being further considered for employment, I hereby agree to submit to drug and/or alcohol testing.

I understand that favorable test results will not necessarily guarantee that I will be employed by NDP and is not the only deciding factor of my continued employment. I also understand that a refusal to test can be interpreted as a positive test and can result in disciplinary proceedings up to and including termination of my employment.

I agree to take drug and/or alcohol tests whenever requested by NDP, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to The WorkPlace of Saint Francis Hospital to release to a designated representative of NDP the results of my tests.

I consent to a drug and alcohol testing as required by and in accordance with the NDP Drug-Free Workplace/Use of Drugs and Alcohol Policy.

Signature of Employee or Applicant

Date

Name of Employee or Applicant (Print)

Signature of Witness

Date

Name of Witness (Print)

Please email completed application to Bruce at bheath@ndpems.com