

# PENDLETON EMERGENCY AMBULANCE INC - ALS Division

(answer completely, sign pages 3, 4 & 5 and attach required documents, Notary Public required for page 5)

I AM EXPRESSING AN INTEREST IN BECOMING A PROBATIONARY MEMBER OF PENDLETON EMERGENCY AMBULANCE (PEA) ALS DIVISION. (Membership in the BLS division of PEA is recommended as a prerequisite for consideration .)

**I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN INTERVIEW OR ANY FURTHER CONSIDERATION. A PERSONAL INTERVIEW & COMMITTEE APPROVAL WILL BE REQUIRED FOR SUCCESSFUL APPLICANTS. A WRITTEN EXAM, PRACTICAL EXAM OR REMEDIAL TRAINING MAY BE REQUIRED PRIOR TO ANY FURTHER CONSIDERATION.**

DATE \_\_\_\_\_  
NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ PAGER NUMBER \_\_\_\_\_ alpha \_\_\_\_\_  
E-Mail \_\_\_\_\_ @ \_\_\_\_\_

DO YOU WORK IN OR OUT OF TOWN? \_\_\_\_\_, IF IN TOWN ARE YOU AVAILABLE TO RESPOND FROM YOUR WORK PLACE? \_\_\_\_\_.

WHAT ARE THE HOURS YOU WOULD BE AVAILABLE? \_\_\_\_\_

What paramedic training program did you graduate from? \_\_\_\_\_ Year \_\_\_\_\_

Indiana paramedic certification number: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Has your paramedic certification ever been suspended or revoked in Indiana or any other state? \_\_\_\_\_

(If so, please attach an explanation.)

Please list all other certifications and expiration dates if applicable.

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### PLEASE ATTACH COPIES OF THE FOLLOWING:

1. Indiana Paramedic certification
2. current ACLS certification
3. current CPR certification
4. instructor, fire fighter,
5. PALS
6. any other pertinent certifications

Explain your experience (if any) with teaching EMS, firefighting theory, CPR or first aid:

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**PENDLETON EMERGENCY AMBULANCE INC - ALS Division**

Current hospital affiliation(s) with contact name, title, and phone number:

_____	_____	( ) - _____
_____	_____	( ) - _____
_____	_____	( ) - _____

Has your affiliation with any sponsoring hospital ever been subject to disciplinary probation, suspended or revoked by a Medical Director in Indiana or any other state? \_\_\_\_\_ (If so please attach an explanation.)

List all current and past EMS employers (including volunteer services) with dates of employment, contact name, title, mailing address, e-mail address and phone number:

_____	_____	( ) - _____	_____
_____	_____	_____	@
_____	_____	( ) - _____	_____
_____	_____	_____	@
_____	_____	( ) - _____	_____
_____	_____	_____	@
_____	_____	( ) - _____	_____
_____	_____	_____	@

Please briefly describe any management or leadership positions held at any employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two (2) professional references with direct knowledge of your EMS skills. List name, title, mailing address, e-mail address, phone number and a description of your relationship:

_____	_____	( ) - _____	_____
_____	_____	_____	@
_____	_____	( ) - _____	_____
_____	_____	_____	@

List two (2) personal references. Give name, title, mailing address, e-mail address, phone number and a description of your relationship:

_____	_____	( ) - _____	_____
_____	_____	_____	@
_____	_____	( ) - _____	_____

**PENDLETON EMERGENCY AMBULANCE INC - ALS Division**

**PLEASE LIST ANYTHING ELSE YOU MAY WANT THE ALS COMMITTEE TO CONSIDER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I GIVE MY PERMISSION TO INVESTIGATE, (IF REQUIRED):

- MY PREVIOUS EMPLOYMENT,
- DRIVING INFORMATION/RECORD,
- INSURANCE,
- REFERENCES,
- INVESTIGATIVE CONSUMER REPORT,
- LEGAL STATUS,
- CRIMINAL BACKGROUND CHECK,
- MEDICAL RECORDS.

PEA RESERVES THE RIGHT TO DENY EMPLOYMENT OR AFFILIATION BASED ON THE RESULTS OF A CRIMINAL BACKGROUND CHECK. ANY CRIMINAL FELONY AND MISDEMEANOR CONVICTIONS OR ARRESTS , ESPECIALLY THOSE INVOLVING CRIMINAL VIOLENCE, SEXUAL ASSAULT OR EXPLOITATION, DRUGS, ALCOHOL, WEAPONS, THEFT, FRAUD OR EMBEZZLEMENT MAYBE GROUNDS FOR DENIAL.

**IF ACCEPTED FOR PROBATION, A DRUG TEST WILL BE REQUIRED. FAILURE WILL PLACE THE APPLICANT IN A RETURN TO DUTY PROCESS OR RELEASE AND THE APPLICANT WILL BE RESPONSIBLE FOR COST OF TESTING.**

***I ALSO CERTIFY THAT THE STATEMENTS AND INFORMATION LISTED ARE CORRECT AND VALID. MISINFORMATION OR DECEPTION WILL BE SUFFICIENT FOR REMOVAL FROM CONSIDERATION***

X SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

WITNESSED BY-SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE APPL. REC'D. \_\_\_\_\_ DATE CONTACTED \_\_\_\_\_

DATE INTERVIEWED \_\_\_\_\_ (interview report attached)

DATE PROBATION PERIOD BEGAN \_\_\_\_\_ /COMPLETED \_\_\_\_\_

DATE MEMBERSHIP APPROVED \_\_\_\_\_

PENDLETON EMERGENCY AMBULANCE INC - ALS Division (read and sign)

PENDLETON EMERGENCY AMBULANCE serves the Fall Creek Township area and parts of Green Township in Madison and Hancock counties. It is an emergency trauma response unit staffed by volunteers. You are applying to participate in the pre-hospital delivery of high quality ALS.

We appreciate your interest in the ambulance service and Pendleton Community and we want you to know what is required to be a PEA PARAMEDIC.

Requirements:

- 1. Once your application and required documents have been submitted you may be contacted for a preliminary interview. The interview is not an indicator as to acceptance as a probationary member.
2. If selected, you will become a probationary member for 1 (one) year. You would be assigned to shifts on the ALS squad and be under the authority of the Director of ALS operations. You, your work, and your attitude would be reviewed after three (3) months, six (6) months & nine (9) months for permanent membership.
3. Attitude is critical. Paramedics are expected to be team players, tolerant teachers and gentle leaders.
4. You will adhere to all PEA HIPPA requirements
5. You will be required to maintain current Madison County ALS program affiliation including all required certifications.
6. You will be required to attend a monthly ALS meeting and ambulance meeting. You will be expected to participate in and help teach BLS in-service training.
7. The Director of ALS Operations is responsible for scheduling. We will cooperate among ourselves; trading and switching shifts is encouraged & necessary.
8. It is the member paramedic's absolute responsibility to be there or have someone in their place when they are scheduled. Failure to have your shift properly covered will place your membership/probation into a disciplinary status and may result in termination.
9. The on-duty medic is responsible for restocking ALS boxes, cleaning, and caring for the Tahoe and all of its equipment. Security of Schedule II medications will be strictly maintained. On-duty will coordinate with on-coming to ensure a smooth transition. On shift verification of all drugs is standard procedure.
10. A member must always give a presentable appearance regardless of time. You will be required to purchase and wear a standard uniform. Inappropriate dress or poor appearance is unacceptable. Your uniform/appearance must be clean/appropriate & professional. If any questions arise, contact the Director of ALS Operations or the Ambulance Chief.
11. The ALS squad will be staffed with one paramedic. It will be a take home vehicle for those individuals that live within a certain geographical area. In order to insure quick response time to an emergency, we require our members to be within an area where they can respond to the scene within a reasonable time. This requires a person to live in Fall Creek Township boundaries or to stay at the station during their shift.
12. Your attitude & performance must reflect a positive "I care" attitude & professional medical service. Performing in a calm/professional manner in all emergency situations is our/your goal.

I understand, acknowledge any will comply with the above commitments/comments if I become a member.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

ACKNOWLEDGMENT OF LIABILITY CONVERGE

AND STATEMENT OF NO DWUI VIOLATIONS

1. I, \_\_\_\_\_, do hereby affirm under the penalties of perjury, that I have motor vehicle insurance in the amount of \_\_\_\_\_ Dollars (\$) for personal injury, and in the amount of \_\_\_\_\_ Dollars (\$) for property damage coverage.

2. I further affirm that my motor vehicle insurance is with \_\_\_\_\_ and my policy number is \_\_\_\_\_.

3. I further affirm that, should I let my motor vehicle liability insurance lapse as noted above, I will inform immediately the proper authorities of the Pendleton Emergency Ambulance.

7. I further affirm that I have had no DWUI arrests or convictions within the last thirty-six (36) months.

**X SIGNATURE:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF INDIANA)

) SS:

COUNTY OF MADISON)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a Notary Public in and for the County, State of Indiana.

My Commission Expires: \_\_\_\_\_

Notary Public \_\_\_\_\_ residing in Madison County

This form will be filed w/the application in the appropriate personnel file.