

PENDLETON EMERGENCY AMBULANCE INC (2013)
PLEASE COMPLETE & SIGN PAGES 1, 2 A NOTARY IS REQUIRED ON PAGE 3

I AM EXPRESSING AN INTEREST IN BECOMING A PROBATIONARY MEMBER OF PENDLETON EMERGENCY AMBULANCE (PEA).

I UNDERSTAND THAT FILLING OUT THIS APPLICATION DOES NOT MEAN I WILL BECOME A MEMBER OF PEA. A PERSONAL INTERVIEW & COMMITTEE APPROVAL MAY BE REQUIRED.

DATE _____
NAME _____ DATE OF BIRTH _____
HOME ADDRESS _____
PHONE NUMBER _____ SOCIAL SECURITY # _____

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? _____
(NORMAL SHIFTS ARE 6AM TO 6 PM and 6 PM TO 6 AM)

LIST MEDICAL TRAINING/EXPERIENCE _____

REFERENCE NAME-----	PHONE NUMBERS
1. _____	_____/_____/_____
2. _____	_____/_____/_____
3. _____	_____/_____/_____
4. _____	_____/_____/_____

PLEASE ATTACH:

1. AN INDIANA MOTOR VEHICLE STATEMENT REFLECTING THE CURRENT STATUS OF MY LICENSE, (contact your insurance agent for this statement)
2. MY CURRENT VEHICLE INSURANCE VERIFICATION.

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 _____ **WITNESSED BY** _____

.....
DATE APPL. REC'D. _____ DATE CONTACTED _____
DATE INTERVIEWED _____
DATE PROBATION PERIOD BEGAN _____/COMPLETED _____
DATE MEMBERSHIP APPROVED _____

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.

We appreciate your interest in the ambulance and we want you to know what is required to be a **PENDLETON EMERGENCY AMBULANCE** crewmember.

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 will be assigned to a crew and be under the authority of a crew chief. You, your work, and your attitude will be reviewed after three (3) months, six (6) months & nine (9) months for permanent membership.
3. You will be required, within 90 days of acceptance as a probationary member; to enroll and successfully complete a PEA approved First Responder's Course. This applies to the driver's position also.
4. You will be required to adhere to PEA's HIPPA requirements.
5. You will be required to attend or have enrolled in a PEA approved Emergency Medical Technician training course during your probationary period or within six months of becoming an approved member. This does not apply to a driver position. The classes will normally be two three-hour sessions per week. You must successfully pass the Indiana EMT examination. The cost of the class is approximately \$600.00. Upon completion and active service in the service, you will be refunded the course's cost.
6. Drivers will pursue First Responders training & EVOC (emergency driving) instruction.
7. Your duty hours will be 6:00 a.m. to 6:00 p.m. for day crews or 6:00 p.m. to 6:00 a.m. for night crews. (Revisions must be approved by the Ambulance Chief)
8. Your crew will be on duty on designated days or nights. This includes your vacations or holidays. PEA provides service 365 days a year, 24 hours a day. We cooperate among ourselves; trading and switching coverage is encouraged & necessary.
9. **It is the member's complete 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.**
10. You must be disciplined not to gossip or discuss any situation you may see or encounter with anyone outside the service. You may see people in difficult or compromising situations.
11. A member must be available to respond at any time during their shift.
12. A member must always give a presentable appearance regardless of time. You will be required to purchase the maroon shirt & navy blue pants. This is PEA's standard uniform.
13. **Inappropriate dress or poor appearance is unacceptable. Your uniform/appearance must be clean/appropriate & professional. If any questions contact the Chief or your member-at-large.**
14. You will be issued an alert monitor. You are responsible for it. Its cost is in excess of \$450.00. The replacement of any loss or destroyed monitor is your responsibility.
15. You must attend a monthly business/training session. New ideas in training, trauma management, and review of old methods and topics are covered. This time will count towards your in-service training once you are certified as an EMT.
16. You must be mature enough to accept responsibility of a \$150,000 ambulance and the lives which ride in it.
17. **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 department within two/three minutes. This normally requires a person to live in Pendleton's boundaries or to stay at the station during their shift.**
18. **Your attitude & performance must reflect a positive "I care" attitude & professional medical service. Performing in a calm/professional manner in trauma situations is our/your goal.**

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

X SIGNATURE _____ WITNESSED BY _____

PRINTED NAME _____ PRINTED NAME _____

Date ___/___/___

ACKNOWLEDGMENT OF LIABILITY COVERAGE

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.

3. I further affirm that I have had no DWUI arrests, misdemeanor or felony convictions within the last twenty four (24) months.

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.

