

City of West Memphis
Division of Fire Services

Applicant Requirements for Emergency Medical Technician/Firefighter

1. Complete the basic City of West Memphis application.
2. Attach a **good quality copy** of the following documents (none of the copies are returnable):
 - A. High school diploma or GED certification
 - B. Birth Certificate (registered copy from the state in which you were born)
 - C. DD214 (if applicable)
 - D. EMT/Paramedic Certification (if applicable)
 - E. Valid Driver's License
3. Undergo a thorough background investigation.
4. Undergo a psychological examination.
5. Pass the minimum physical requirements as set forth by the National Fire Protection Association Pamphlet #1001.
6. Submit to pre-employment drug screening.
7. All applicants must meet the following criteria:
 - A. Maintain a current certificate in Emergency Medical Technology with the Arkansas Department of Health as:
 - a. EMT-A
 - b. EMT-Paramedic
 - c. OR become a State Certified Emergency Medical Technician-Ambulance (EMT-A) within one (1) year from the date of employment.
 - B. Firefighter/EMT-A Trainee: Must pass a 150 hour Department of Transportation course as approved by the Arkansas Department of Health. After completion of course, applicant must successfully pass the certification test as administered by the Department of Health. The applicant **must be certified** within one (1) year from date of employment or be terminated. The applicant will be insured of at least four (4) opportunities for passing certification testing (subject to rules and regulations of the Arkansas Department of Health). The Fire Department will not be responsible for any expenses incurred by the employee after the initial 150 hours course and first test date. Applicant must also successfully pass the 380 hour Firefighter III Standards Course. The course is currently offered by the Arkansas Fire Academy. A passing score will be 75% written, and passing all practical requirements.

Job Description
Firefighter/Emergency Medical Technician-Ambulance

Definition:

Responsible for inspection, the extinguishment of fires and administering basic pre-hospital emergency medical care to victims of accidental or medical emergencies, either as an assigned member of a fire company or ambulance. Reports directly to shift supervisors and/or administrative personnel.

A. Typical Duties and Responsibilities:

1. Extinguish and prevent fires and make inspections of fire risks, as directed.
2. Participate in drills, fire prevention schools and other department training activities.
3. Keep the apparatus, equipment and tools in specified condition.
4. Know the location of all firefighting tools and appliances on the Pumper.
5. Check all tools and appliances at 0700 hours to see that they are in proper working order and in their proper places. Report any discrepancies to the supervisor.
6. Keep stations, apparatus, equipment and surrounding premises neat and clean.
7. Respond to all dispatch alarms for either fire or medical emergencies with assigned duties.
8. Maintain a courteous and cordial relationship with all fellow employees of the fire and emergency services and the public.
9. Have a thorough knowledge or response areas, streets, street numbers, hydrants, pre-programmed setups, standpipes, etc.
10. Acquaint fully with the operation of his/her assigned apparatus, including but not limited to; pumps, and hydraulic systems; foams and dry chemicals; metering devices for same and all other equipment either in the station, on the pumpers or on the ambulances.
11. May drive ambulance under emergency response.
12. Carries medical supplies to site.
13. Assesses victim's condition – respiration, pulse, etc.
14. Ascertains history of victim – age, weight, medications taken, etc.
15. Administers the following basic treatment at the emergency site; establishes victim's airway; administers intermittent positive pressure ventilation; performs cardio-pulmonary resuscitation;

- controls accessible bleeding; treats for shock and poisoning, dresses wounds, splints fractures and gives obstetrical assistance.
16. Transports victim to hospital, lifts patient to stretcher and carries to vehicle, may drive or function in patient compartment of ambulance; aides hospital staff in moving victim to emergency treatment room; briefs physician on victim's condition; assists hospital if requested; conducts victim follow up; critiques treatment provided to victim and completes necessary city and state paperwork.
 17. Establishes and maintains radio communications according to established procedures.
 18. Completes shift change inspections. If assigned ambulance duty for shift, notifies direct supervisor of missing, unusable or needed supplies; stocks emergency vehicle compartments; inventories all general medical supplies, runs check on all life saving equipment; notifies direct supervisor of equipment malfunctions; inspects emergency vehicles for proper operation and all fluid levels; runs operational checks of radios, keeps emergency vehicles and equipment clean.
 19. Attends training/re-certification classes, learns application and operation of new life saving equipment; attends new or refresher training at station or where directed; maintains EMT-A certification through the State of Arkansas Department of Health; maintains a working knowledge of streets, building and landmarks.
 20. Maintain all license as required by federal, state and city laws to operate a vehicle.
 21. Performs other duties as assigned.

B. Supervision Given and Received:

1. Receives either written or oral instructions from shift supervisors or administrative personnel. May also receive instruction from Paramedics on the scene of medical emergencies. Does not have any supervisory abilities.
2. May be routed to any position or shift on Fire Department.

C. Minimum Acceptable Qualifications:

1. Must pass a 320 hour firefighter standards course as administered by the Arkansas Fire Academy. Failure to successfully pass standards with a 75% average or if sent back by academy for any reason will result in automatic termination.

2. Must have graduated from an accredited high school or GED equivalent.
3. Firefighter/EMT-A trainee must pass a 200 hour Department of Transportation Emergency Medical Technician-Ambulance course as approved the Arkansas Department of Health. After successful completion of the course, applicant must successfully pass the certification test as administered by the Arkansas Department of Health for the level of EMT-A.
4. The applicant must be certified within one (1) year from the date of employment with the City or be terminated. The applicant will be insured of at least four (4) opportunities for passing certification testing (subject to the rules and regulations of the Arkansas Department of Health). The Fire Department will not be responsible for any expenses incurred by the employee after the initial 200 hour course and the first test.
5. Applicant must be record free of any felony and/or misdemeanor conviction involving moral turpitude.
6. Applicant must possess a valid Arkansas drivers license.
7. Undergo a thorough background examination.
8. Pass a physical agility test.
9. Pass a medical examination.
10. An applicant must be a resident of Crittenden County or establish a residence within the county within ninety (90) days.

D. Essential Knowledge and Abilities:

1. Ability to perform basic EMT-A functions.
2. Ability to drive an emergency vehicle through traffic.
3. Ability to operate radios used in communications.
4. Ability to perform engine house/emergency vehicle cleanup and minor maintenance.
5. Ability to maintain EMT-A certification in accordance with respective laws and ordinances.
6. Ability to deal with co-workers.
7. Ability to follow instructions at the scene of an emergency or at the station.
8. Considerable knowledge of fire procedures.
9. Good knowledge of modern firefighting skills and techniques.
10. Ability to function using modern and complex firefighting equipment.
11. Ability to do prolonged manual and mechanical work under adverse conditions.
12. Ability to deal with extreme stress.

13. Ability to work in small confined areas.
14. Ability to work in areas of extreme danger to include heights.
15. Ability to establish and maintain harmonious working relationships with others.
16. Ability to communicate effectively.
17. Knowledge of the City of West Memphis disaster plans and radiological emergency.

Authority to Release Information

To Whom It May Concern;

I understand that the West Memphis Fire Department will conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment, and this investigation will include inquires as to my abilities, character and reputation.

To facilitate this investigation, I do hereby give my consent and authority for any previous employer, educational institution or police agency to furnish information from their records to the West Memphis Fire Department.

Full Name: _____
Signature

Date: _____

Current Address: _____

Telephone Number: _____

Witness: _____

Subscribed and sworn to before me, a NOTARY PUBLIC in and for the
County of _____,
State of _____.

My commission expires: _____



City of West Memphis

Personnel Department

604 E. Cooper → P. O. Box 1868
West Memphis, Arkansas 72303-1868
(870) 702-5114 → Fax (870) 732-7669
Web: www.ci.west-memphis.ar.us

Personal Inquiry Waiver

To: _____

I respectfully request and authorize you to furnish WEST MEMPHIS FIRE DEPARTMENT any and all information that you May have concerning me, my work record and my reputation. This information is to be used to assist the department in determining my Qualification for the position I am seeking with the WEST MEMPHIS FIRE DEPARTMENT.

I hereby release you, your organization or others from any liability or Damage which may result from furnishing the information requested above.

Full Name: _____

Signature

Date: _____

NOTE: This form may be retained in your files.

Please attach a clear picture of applicant below:



ARKANSAS STATE POLICE

ASP-122
[Rev. 4/00]

Identification Bureau Individual Record Check Form

- Required:**
1. This form properly completed
 2. Self-addressed stamped envelope

Full Name: _____
 First Middle Last

Social Security #. _____ **Driver's License#** _____

Mailing Address: _____
 Street City State Zip

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO
 CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE
 ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:**

Name: _____

Mailing Address: _____

Signature: _____

(No request will be process without a photo ID or Notary)

State of _____

County of _____

**Subscribed and sworn before me, a Notary Public in and for the county and state
 Aforesaid, this the _____ day of _____, 20__**

Notary Public

82001 Civil Record Check

Application For Employment

*City of
West Memphis*

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Date of Application _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____ | _____ | _____
Area Code

If employed and you are under 18,
Can you furnish a work permit? _____ Yes _____ No

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

Have you ever been employed here before? _____ Yes _____ No If Yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? _____ 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 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify applicants from employment.)

If Yes, please explain _____

An Equal Opportunity Employer M/F/V/H

Veteran of the U.S. military service? _____ Yes _____ No If Yes, Branch _____

Hobbies and/or special skills: _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers. _____

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Special Employment Notice to Disable Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
2. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
3. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
4. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, medical examination or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of West Memphis.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____
 _____ Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hr Rate/Salary _____ Department _____

By _____
 Name and Title Date

Applicant Data Record

City of
West Memphis

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Your cooperation is voluntary.

(Please Print)

Date _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____
Area Code

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth _____

Check one: _____ Male _____ Female

Check on of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual