



# Canyon County Paramedics

6116 Graye Lane, Caldwell, ID 83607

208.795.6920

[www.ccpamedics.com](http://www.ccpamedics.com)

Thank you for your interest in Canyon County Paramedics. At this time, we are accepting applications for:

- **Volunteer Reserve EMT**

For more information and reserve EMT job descriptions please see the Canyon County Paramedics website: [www.ccpamedics.com](http://www.ccpamedics.com). If you have additional questions about the Reserve Program please contact the Reserve Program Coordinator, Lieutenant Tyler Brutke, at [tbrutke@ccparamedics.com](mailto:tbrutke@ccparamedics.com).

If you are coming from another state, check with the Idaho State EMS Bureau to ensure you have the necessary credentials to work in the State of Idaho. The EMS Bureau's website may be found at <https://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServices/tabid/117/Default.aspx>

## **Step 1: Submit Application**

- Complete the application **which starts on page 3** of this document. Applications must be received by Canyon County Paramedics no later than:

**Friday, November 25<sup>th</sup>, 2021 at 5:00pm MST**

- Attach the following documents to the application:
  - Current resume
  - Copy of High School Diploma, GED, or College Degree
  - Copy of your National Registry certification and/or current state EMS license
  - Copy of your American Heart Association Cards:
    - BLS card for EMTs, AEMTs, and Paramedics
    - ACLS and PALS cards, Paramedics only
  - Signed authorization for Driving record release
  - Current email address where you can be reached
- Submit the application by:
  - Email at: [ccapplications@ccparamedics.com](mailto:ccapplications@ccparamedics.com)

**OR**

- Mail to:

Canyon County Paramedics  
Attention: Applications  
6116 Graye Lane  
Caldwell, ID 83607

***\*\*Please Note: Applications that are incomplete may not be considered. If you are submitting by email, review the scan quality of your document prior to sending the application. \*\****



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## **Step 2: Interview**

Qualified candidates will be invited to a short interview at our Administrative Building, 6116 Graye Lane, Caldwell, ID 83607 on:

- **Thursday, December 8<sup>th</sup>, 2022 between the hours of 8:00 AM and 5:00 PM MST.**
- Additional date may be added, if necessary.
- Notification for advancement to the interview and specific time slot will be made by Thursday, December 1<sup>st</sup> via email.

## **Step 3: Physical Agility Test**

Successful candidates may be offered a conditional position contingent upon successful completion of:

- A physical agility test to be conducted on **December 13<sup>th</sup>, 2022**. See our website for a description of the test.
- Physical exam
- Pre-employment drug screen
- Background check

**All application packets must be received by:**

**Friday, November 25<sup>th</sup>, at 5:00 PM MST.**

**\*\*No late applications will be accepted\*\***



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## FOR CANYON COUNTY AMBULANCE DISTRICT USE ONLY

**Date Stamp:**

**Application Scanned:**

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Canyon County Ambulance District (CCAD) considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by Federal, State and Local laws.

**\*\*CCAD IS A DRUG FREE WORKPLACE\*\***

**PLEASE PRINT**

**DATE OF APPLICATION:** \_\_\_\_\_

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### **PERSONAL INFORMATION**

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

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

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## **POSITION INFORMATION**

Position applying for: \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Have you ever worked/volunteered for CCAD? YES  NO

If YES, when \_\_\_\_\_ and which position(s) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives and/or friends working/volunteering for CCAD? YES  NO

Please list: \_\_\_\_\_

Date available to start, if hired: \_\_\_\_\_

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## **EDUCATIONAL BACKGROUND**

### High School/GED

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Years completed: \_\_\_\_\_ Did you graduate? YES  NO  (highest grade completed: \_\_\_\_\_)

### College/University

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  In Progress  (highest-grade completed \_\_\_\_\_)

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  In Progress  (highest-grade completed \_\_\_\_\_)

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Technical/Trade School**

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  In Progress  (highest-grade completed \_\_\_\_\_)

Certificate: \_\_\_\_\_ Expires: \_\_\_\_\_ License: \_\_\_\_\_ Expires: \_\_\_\_\_

**Other School/Training**

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  (highest-grade completed \_\_\_\_\_)

Certificate: \_\_\_\_\_ Expires: \_\_\_\_\_ License: \_\_\_\_\_ Expires: \_\_\_\_\_

Other: \_\_\_\_\_

EMS/Fire Service Related Training: \_\_\_\_\_

EMS/Fire/Professional Affiliations (other than listed under employment): \_\_\_\_\_

**Licenses and Certifications**

NREMT: Paramedic  AEMT  EMT-Basic  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Idaho: Paramedic  AEMT  EMT  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

ACLS: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

PALS: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

HCP-BLS: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

PHTLS: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

AMLS: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

NRP: Instructor  Provider  Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Other certifications not listed: \_\_\_\_\_

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## EMPLOYMENT HISTORY

(List your last three employers or voluntary activities, starting with the most recent)

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ May we contact? YES  NO

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ May we contact? YES  NO

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ May we contact? YES  NO

Reason for leaving: \_\_\_\_\_

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### OTHER INFORMATION

Are you authorized to work in the United States? YES  NO

If yes, indicate how you are authorized: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Other/Please Specify

\_\_\_\_\_

Do you have a valid Driver's License? YES  NO  Class: \_\_\_\_\_ State: \_\_\_\_\_ DL # \_\_\_\_\_

Have you ever been excluded or are you currently excluded from participating in any Federal health program such as Medicare or Medicaid? YES  NO

Are you able to perform the essential functions of the job, with or without reasonable accommodations? YES  NO

Are you able to work shifts including varying hours, nights, weekends, and holidays? YES  NO

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### REFERENCES

List **two** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

List **two** personal references that have known you for at least three years outside of work.

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Occupation: \_\_\_\_\_ Years known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_



## ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate CCAD in any way. Applications will remain active for up to six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I, or CCAD is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract of employment.

If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with the requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow my doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by CCAD as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in the immediate discharge from CCAD.

I hereby authorize CCAD to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including, but not limited to, criminal history check, driving history check, child abuse clearance check and other such inquiries. I release CCAD and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with CCAD may be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# CANYON COUNTY PARAMEDICS

## DRIVING RECORD RELEASE FORM

I hereby authorize Canyon County to review my driving record, and I authorize the Idaho State Department of Motor Vehicles and any other agency with driving information to release their records to Canyon County.

I understand this is a job-related requirement, as I may be operating District vehicles if employed. I also understand, if employed, periodic checks may be made on my driving record.

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

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# IMPORTANT

The Internal Revenue Code requires an employer to include each employee's Social Security number when filing information returns, such as Form W-2. An employee who is ineligible for Social Security benefits, but who is required to give a Social Security number to employers, must get a Social Security number. The Social Security Office Administration cannot credit wages to a person's record unless the correct social security number and name are reported.

## PENALTY FOR INCORRECT REPORTING

Internal Revenue Code, Section 6721, provides that an employer or employee may be charged a penalty for omitting a required Social Security number from an information return. The penalty charged for such an omission can be from \$50 up to \$250,000 (subject to certain exceptions that allow for the decrease or increase of the penalty).

A record of each employee's social security number, as shown on the person's social security card, must be maintained by Canyon County. **Employees must present their social security card on their first day of employment.** If you do not have a social security card, please contact a Social Security office and apply for a duplicate card prior to beginning employment with the District.

When applying for a duplicate card with the Social Security Office you must present a driver's license or photo ID.

**Social Security Offices – 1-800-772-1213**

**Canyon County**

**1118 S. Kimball**

**Caldwell**

**Ada County**

**1249 S. Vinnell Way – Suite 101**

**Boise**

I have read this form and understand that if I am offered a position with Canyon County Ambulance District I must present a social security card on my first day of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form with your Canyon County Ambulance District Employment Application**