Ocean City Fire Department

Part-Time Employment (Paramedic) Electronic Application Packet Instructions

Attached is the 2015 OCFD Part-Time Paramedic Application Packet. You should print out the packet and review all of the application materials carefully. Please make sure that you complete all required forms and submit the required supporting documents exactly as specified in the instructions. The "Required Documents and Forms-Part-Time Paramedic Applicants" section of the packet lists all of the items that must be returned with your completed application for employment.

If application documents and other required items are incomplete or are submitted late, you may be disqualified from the hiring process. You must return your completed application with all required forms and supporting documents no later than 3:00 P.M. ON FRIDAY, MAY 8, 2015.

DO NOT RETURN THE COMPLETED APPLICATION PACKET AND SUPPORTING DOCUMENTS ELECTRONICALLY. ELECTRONICALLY SUBMITTED DOCUMENTS WILL NOT BE ACCEPTED OR PROCESSED.

The completed application packet must be returned to Christine Perry. The application may be returned by:

1.) **U.S. Mail or other delivery service such as FedEx or UPS.**
2.) **Delivering the application packet in-person. If you select this option, the application packet is to be returned directly to Ms. Perry. Do not leave it with others or leave it unattended in the station.**

The completed application packet and all required documentation should be sent to:

Ocean City Fire Department
Career Division
Attn: Christine Perry
1409 Philadelphia Ave.
Ocean City, Maryland 21842-3646

If you have questions, please contact:

Christine Perry
Phone: 410-289-4346
email: cperry@oceancitymd.gov
Revised: April 2015

Volunteer & Career – *United to Serve*

Chris Larmore	Chuck Barton	David Cropper	David Hartley
Fire Chief- Town of Ocean City	Deputy Chief- Career Division	Deputy Chief- Volunteer Division	Deputy Chief- Fire Marshal Division

Reply to: **Ocean City Fire Department-Career Fire/EMS Division, P.O. Box 158, Ocean City, Md. 21843**
Phone: 410-289-4346 Fax: 410-289-8421 email: cbarton@oceancitymd.gov

April 2015

Dear Part-Time Paramedic Applicant:

First, let me thank you for your interest in a Part-Time Paramedic Position with the Ocean City Fire Department Career Fire/EMS Division.

Attached is the application packet for the position. In addition to the Town of Ocean City Application for Employment, you must provide a number of documents and complete some additional forms. Enclosed is a list (see Required Documents and Forms-Paramedic Applicant) of items that must be provided. All required documents and forms must be returned on or before **3:00 P.M. ON FRIDAY, MAY 8, 2015.**

The evaluation process for employment consists of the following elements: a written examination, a skills evaluation, physical agility testing, an oral interview, and a background investigation (a review of your driving record, employment history, and a criminal background check). To be considered for employment, each applicant must obtain a score of 70% on each evaluation and have a favorable background investigation. Testing is scheduled for the weekend of May 15-17, 2015. Alternative testing dates are not available. You will be notified with the exact date, time, and location of testing and interview. Finally, if selected, you must be available for orientation and training the weekend of May 30-31, 2015.

Description of the Evaluation Process:

Written Examination:

Each applicant is required to take and pass a 75 question written examination. The written examination evaluates your knowledge of advanced life support prehospital medical concepts. A passing score of 70% must be obtained on the written examination. The examination will also evaluate your knowledge of the Maryland Medical Protocols for EMS Providers. (The current edition of the Protocols may be downloaded from the MIEMSS Website at http://www.miemss.org.)

Skills Testing, Physical Agility Testing, & Oral Interview:

Skills Test:

The skills test evaluates your knowledge of patient assessment and management techniques, your knowledge of the Maryland Medical Protocols for EMS Providers, and advanced cardiac/pediatric life support concepts.

The skills test is structured as follows:

ALS: Adult Medical Management*+
Pediatric Medical Management*+
Patient Assessment-Trauma*
Oral Questions

*NREMT Testing Instruments are used to evaluate these skills. These instruments are available on the National Registry Website: https://www.nremt.org. (+The Dynamic Cardiology testing instruments are used to evaluate adult/pediatric medical management.)

Physical Agility Testing:

This portion of the testing evaluates physical fitness. Applicants should wear tennis or running shoes, a tee shirt, shorts, sweat pants, and a sweat shirt. Applicants should avoid eating a large meal within 3 hours prior to testing and should bring a supply of drinking water to facilitate rehydration. The physical agility test consists of the Harvard Step Test, an EMS equipment evolution, and a stair chair evolution. In order to continue with the application process, candidates must receive a score of 70% on the physical agility test.

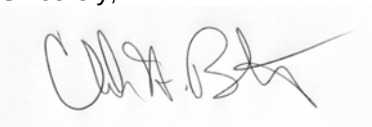
Oral Interview:

The oral interview will be conducted by an interview panel. Oral interviews are generally conducted the day of physical agility testing. Formal attire for this phase of the evaluation is not necessary or expected. Applicants must receive a score of 70% on the oral interview to proceed in the application process.

After testing is complete, a list of the top qualifying applicants will be submitted to the Fire Chief for final review and consideration.

If you have questions or require additional information, please contact Captain Trevor Steedman (EMAIL tsteedman@oceancitymd.gov or Christine Perry, Fire Department Administrative Coordinator, at 410-289-4346 (EMAIL cperry@oceancitymd.gov). Thank you.

Sincerely,



Charles Barton, B.S., NRP
Deputy Fire Chief
Career Division Commander

Attachments

Posted 4-10-15

Town of Ocean City
Ocean City Fire Department
Career Fire/EMS Division
PART-TIME EMPLOYMENT
Paramedics

We are looking for skilled paramedics to augment our full time staff for the 2015 season. Individuals must be at least 18 years of age and meet the following requirements at the time of application:

1. **High School Diploma or GED.**
2. **Possess a valid Maryland Paramedic License. Individuals who are not Maryland Licensed at the time of application must be Nationally Registered and must obtain Maryland Paramedic license within 30 days of employment.**
3. **Valid driver's license at the time of application with 2 years driving experience and a satisfactory driving record.**
5. **One year of validated experience in driving and operating an emergency vehicle in the emergency mode is preferred.**
6. **Current BLS Healthcare Provider or Professional Rescuer CPR certification.**
7. **Current AHA ACLS Provider certification.**

Successful applicants are subject to a criminal background check and a post-offer drug test. To request an application packet:

By Email: CAREERFD@oceancitymd.gov

By Phone or for questions:
Contact:
Christine Perry, Administrative Coordinator
Ocean City Fire Department
1409 Philadelphia Ave.
Ocean City, Maryland 21842
Phone: 410-289-4346 or Fax 410-289-8421
EOE
www.oceancitymd.gov

Veterans are encouraged to apply.

Deadline for requesting an application is Friday 5/01/15.
The deadline for submitting the application packet is Friday 5/08/15, by 3:00 p.m.

Pay: $19.6938/Hour

Published: Town's web page

Town of Ocean City
Ocean City Fire Department
Career Division

Notice to Applicants Who Are Not Currently Maryland Licensed or Certified.

Ocean City Fire Department-Career Division is pleased to accept applications from individuals who are not currently Maryland licensed or certified. However, before you may function as an EMS provider in this State, you must possess a valid Maryland license (ALS Providers) or certification (BLS providers). In addition, you need to obtain a copy of the **Maryland Medical Protocols for EMS Providers.** You must become familiar with this document to function in the field.

To apply for Maryland licensure or certification and obtain a copy of the protocols document, please contact the Maryland Institute for Emergency Medical Services Systems (MIEMSS). MIEMSS may be contacted at:

Maryland Institute for Emergency Medical Services Systems
Education, Certification, and Licensure
653 West Pratt Street-2nd Floor
Baltimore, Maryland 21201-1536
Phone: 410-706-3666

The Maryland Medical Protocols are also available online at http://www.miemss.org

Click on EMS Providers tab at the top of the page.
Click on EMS Provider Protocols link on the left side of the webpage.
Click on 2014 Maryland Medical Protocols-Complete Manual (Effective July 1, 2014)
***In addition to the Protocols document, you should download any Changes/Additions to the Protocols that may be posted.

THE APPLICANT IS RESPONSIBLE FOR PAYING ALL FEES AND EXPENSES RELATED TO OBTAINING MARYLAND LICENSURE OR CERTIFICATION.

It is very important that you begin this process as soon as possible. Depending upon your level of certification and your training history, the process may be time-consuming.

Revised 12/2014

Town of Ocean City
Ocean City Fire Department
Career Division

Required Documents and Forms- Part-Time Paramedic Applicants

Applicants for part-time employment must submit copies of the following documents and forms. All required items must be received on or by **3 p.m. on Friday, May 8, 2015. Failure to submit the required forms and documents may result in disqualification from the hiring process.**

NOTICE: PLEASE MAKE SURE ALL SUBMITTED FORMS AND DOCUMENT COPIES ARE LEGABLE. ALL SUBMITTED DOCUMENTS ARE SUBJECT TO VERIFICATION.

1. Completed **Town of Ocean City Application for Employment**.

2. If you are currently Maryland licensed, a copy of your Maryland (or state of residence) CRT-I or EMT-Paramedic license.

3. A copy of your National Registry Paramedic Card.

4. Copy of a valid CPR Card (AHA Healthcare Provider's Card, ARC Professional Rescuer CPR Card, or CPR Instructor's Card.) **Copy both sides of the card.**

5. Copy of a valid AHA Advanced Cardiac Life Support Certification Card. **Copy both sides of the card.**

6. Copy of your Driver's License. The Driver's License must be valid at the time of application.

7. Submit a **CERTIFIED** copy of your driving record (Last 3 years). (Obtained from the MVA or DMV of the state in which you are licensed.)

8. If you have had an Emergency Vehicle Operator Course, please provide proof of course completion. (Completion of an EVO course is not required to be considered for the position.): Maryland Emergency Vehicle Operation, Maryland Emergency Vehicle Driver In-Service, or equivalent. Submit a copy of course completion certificate, training organization transcript, or card.

9. Completed **Verification of Emergency Vehicle Driving Experience Form**. This must be completed by employer or an administrative/operational officer of your Volunteer Fire/Rescue Organization.

10. Completed **Healthcare Provider's Statement of Agility Test Ability Form** (Must be taken to your healthcare provider for review and signature.)

12. Completed **Physical Agility Test Acknowledgment of Risk and Release Form. NOTE: WITNESS SIGNATURE IS REQUIRED ON THIS FORM.**

11. Completed **Authorization for Criminal Records Check Form**.

12. Completed **Availability Questionnaire**.

Documents should be returned to:

Ocean City Fire Department
Career Division
Attn: Christine Perry
1409 Philadelphia Ave.
Ocean City, Maryland 21842-3646

For Office Use Only:

Documents Complete: _____ Reviewed by: _____

Town of Ocean City

P.O. Box 158
Ocean City, MD 21843
410 289-8822
www.oceancitymd.gov

Employment Application *(Please Print)*

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of disabilities.

Date of Application: _____/ _____ / _____

Position Applied For: _____

Referral Source: ☐ Recruiting Team ☐ Former/Current Employee ☐ College Sources
☐ Town's Website ☐ Advertisement ☐ Walk-In
☐ State Job Service Where: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone: ( ) ____- _____ Cell Phone: ( ) ____- _____ Email: _____

Are you at least 18 years of age? ☐ Yes ☐ No

Have you ever been employed by the Town of Ocean City before? ☐ Yes, Date_____ / _____/_____ ☐ No

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, permanent resident status or immigration status entitling you to engage in employment in the U.S. will be required prior to employment.)*

The date you are available for work. _____ / _____ / _____

Available to work: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary ☐ All

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

_____

Equal Employment Opportunity/ Affirmative Action Employer

(Revised 4/2/2012)

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities

1	Employer Address	Dates Employed From: ___/___/___ To: ___/___/___	Describe work Performed
	Job Title Supervisor Ph. Number Reason for Leaving	Hourly Rate/Salary Starting: _____ Final: _____	
2	Employer Address Job Title	Dates Employed From: ___/___/___ To: ___/___/___ Hourly Rate/Salary	Describe work Performed
	Supervisor Ph. Number Reason for Leaving	Starting: _____ Final: _____	
3	Employer Address	Dates Employed From: ___/___/___ To: ___/___/___	Describe work Performed
	Job Title Supervisor Ph. Number Reason for Leaving	Hourly Rate/Salary Starting: _____ Final: _____	

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

Special Skills and Qualifications

Summarize your special skills, qualifications or other experiences:

_____

_____

_____

_____

_____

Education

	Elementary/Middle	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: _____

_____

Provide any additional information you feel may be helpful to the evaluation of your application

_____

_____

Applicant's Statement

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 a contract of employment.

If offered employment, I further understand that I may be required to pass a job-related physical examination.

_____ _____

Signature of Applicant Date

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED $100.00.

The term "applicant for employment or prospective employment or any employee" as used in this subtitle does not include: (i) A law enforcement officer as defined in 727 of Article 27, (ii), Any employee of any law enforcement agency of the State of Maryland, or any county, incorporated city or town, or other municipal corporation.

I hereby acknowledge that I have read and fully understand the above.

_____ _____

Signature of Applicant Date

(Revised 4/2/2012)

Veteran of the U.S. Military Service? ☐ Yes ☐ No If yes, Branch_____

Special Employment Notice to Disabled Veterans,
Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

The Rehabilitation Act of 1973 allows you to voluntarily and confidentially identify yourself as handicapped and to indicate the nature of such handicap.

Providing this information is voluntary and will not result in adverse treatment.

Handicapped? ☐ Yes ☐ No If so, nature of handicap_____

The Vietnam Era (8/64-1/73) Veterans Readjustment Assistance Act enables us to give special employment consideration to qualified veterans. Providing this information is voluntary and will not result in adverse treatment.

Are you a Vietnam Era Veteran? ☐ Yes ☐ No Date of Discharge: _____/_____/_____

Are you a disabled Vietnam Era Veteran? ☐ Yes ☐ No

Signed_____

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

_____

_____

_____

Give name, address and telephone number of three employer, co-workers or other professional references who are familiar with your capabilities.

_____

_____

_____

Attention All Applicants

Town of Ocean City

All Applicants for full-time and temporary employment must pass a Drug-Screening Test before employment can occur.

Applicant Data Record

Applicants are considered for position(s) applied for without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or disability.

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

Completion of this form is strictly VOLUNTARY. Your cooperation in providing this information will help us comply with government record keeping, reporting and other legal requirements - Thank You.

This data will be kept in a Confidential File separate from the Application for Employment.

(Please Print) Date:_____/_____/_____

*Position Applied For:*_____

Referral Source: ❑ Advertisement ❑ Walk-in ❑ Employment Agency ❑ Other

Name_____

Last First Middle

r

_____

Address Number Street City State Zip code

Home Phone: ( ) ____- _____ Cell Phone: ( ) ____- _____ Email: _____

Affirmative Action Survey

Government Agencies require periodic reports on the sex, ethnic, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: ❑ Male ❑ Female

Race/Ethnic Group:

Check appropriate box: ❑ White ❑ Black ❑ Hispanic

❑ American Indian/Alaska Native

❑ Asian/Pacific Islander

Check if any of the following are applicable:

❑ Vietnam Era Veteran ❑ Disabled Veteran

❑ Disabled Individual

(Revised 4/2/2012)

Town of Ocean City
Ocean City Fire Department-Career Division

Verification of Emergency Vehicle Driving Experience

Notice to Applicants: All applicants are required to have emergency vehicle driving experience. Applicants must provide independent verification of this experience. Have this form completed by your employer or an administrative/operational officer (Fire Chief, Ambulance Captain, EMS Officer, or Organization Administrative Official) of your volunteer organization.

PLEASE PRINT

Applicant's Full Name:

_____
Last First Middle

Extent of Experience:

How long has the applicant been driving emergency vehicles?

_____

What type of emergency vehicle(s)?

_____

Does the applicant have experience driving emergency vehicles to emergency calls? Check appropriate box:

Yes_____ No_____

Verifying Official Information:

Full Name _____
Last First Middle

Title _____

Address _____
Address Line 1

_____
Address Line 2

_____
City State Zip Code

_____
Daytime Phone Number

I, _____, verify that the above named applicant has emergency vehicle driving experience.

_____
Signature of Verifying Official Date

Revised 1/2009

Town of Ocean City
Fire Department-Career Division
Candidate Physical Agility Test Description (PARAMEDIC POSITION)

Dear Healthcare Provider:

Applicants for Paramedic EMS Provider positions with the Ocean City Fire Department-Career Division must complete a physical agility test. The test is described below. Please determine if the applicant can safely participate in this testing. Your finding may be documented on the attached form.

Agility Test Description:

Harvard Step Test:

The Harvard Step Test is a good measurement of fitness and your ability to recover after strenuous activity. During the test, the applicant will be required to step up and down onto a platform at the height of approximately 45 cm at a rate of 30 steps per minute for five minutes or until exhaustion. Exhaustion is the point at which the applicant cannot maintain the stepping rate for 15 seconds. At the completion of the test, the applicant will immediately sit down and heart rate will be monitored at one, two, and three minutes post test. These numbers will be entered into a formula which will result in a Step Test Score and Rating.

EMS Equipment Evolution:

This test shall be performed in comfortable clothing of the candidate's choice. Beginning at a designed spot at the bottom of a stair tower, the candidate shall carry an airway equipment bag and drug bag (current department issue) to a 4th floor landing. Upon reaching the 4th floor landing, the items shall be placed at a designated spot. The candidate will then descend down the stair tower to the starting point. The candidate will then pick-up a long spine board and a equipment bag. The candidate shall carry these items up to the 4th floor landing and place these items at a designated spot. The candidate may skip steps during ascent, but not during descent.

Total weight carried is approximately 50 pounds.

Stair Chair Evolution:

In this evolution, the candidate and a silent partner shall use a stair chair to carry a simulated patient (165 pound rescue manikin) from a 4th floor landing down to the ground. The test is performed after the candidate completes the EMS Equipment Carry Evolution.

The 165 pound rescue dummy shall be immobilized in a department issued stair chair. Beginning at a designated spot on a 4th floor landing, the candidate shall carry, with the assistance of a silent partner, the stair chair and the simulated patient down the stair tower to a designated spot on the ground.

Total weight carried is approximately 190 pounds. Time Limit: 2 minutes 46 seconds.

April 2015

Town of Ocean City
Ocean City Fire Department
Career Division

Healthcare Provider's Statement of Agility Test Ability

PLEASE PRINT NEATLY

Name of Healthcare Provider: _____

Address: _____

_____

City, State, and Zip Code: _____

Daytime Phone: _____

Fax: _____

Healthcare Provider's Statement:

I have reviewed the attached description of the Ocean City Fire Department Career Division Candidate Physical Agility Test and certify that:

_____ (Applicant's Printed Name)

Check One:

_____**CAN** safely perform this test. _____**CANNOT** safely perform this test.

Signature of Healthcare Provider: Date:

_____ _____

NOTE: NO OTHER MEDICAL INFORMATION SHOULD BE INCLUDED ON THIS FORM.

Signature of Applicant: Date:

_____ _____

April 2015

Mayor and City Council of Ocean City
Ocean City Fire Department
Career Division

Physical Agility Test
Acknowledgment of Risk and Release-Paramedic Applicant

PLEASE NOTE THAT THIS FORM MUST BE WITNESSED.

I, _____, understand that persons seeking employment as paramedics must pass a physical agility test. The physical agility test consists of the following components: (1) Harvard Step Test; (2) EMS Equipment Carry; and, (3) Stair Chair Carry with Patient. In consideration of granting this application and intending to be legally bound, I hereby certify that I am physically fit and have not been otherwise informed by a physician not to participate in a physically challenging exam such as the one offered by the Mayor and City Council of Ocean City, Ocean City Fire Department, Career Division.

In addition, I acknowledge that I am aware of all risks inherent to participating in the physical agility test described above. These risks include physical injury, permanent disability, or even death. I agree to assume all risks as a condition of my participation in the physical agility test. I do therefore, for myself (my child/ward/spouse), my heirs, executors, and administrators, waive and release any and all rights to claims for loss or damages that I (my child/my ward/spouse) may have against the Mayor and City Council of Ocean City, its officers, and its employees, their agents, representatives, and assigns for any losses or damages suffered by me (my child/my ward/spouse) while participating in the physical agility test for and by the Mayor and Council of Ocean City, Ocean City Fire Department, Career Division.

_____Date_____
Signature of Applicant

_____Date_____
Witness and Title

p:\Hiringdocs\Physical Agility Release Paramedic 42015.doc
Revised April 2015

Town of Ocean City
Ocean City Fire Department-Career Division

Authorization for Criminal Record Check

PUBLIC SAFETY
TITLE 6. STATE FIRE PREVENTION COMMISSION AND STATE FIRE MARSHAL
SUBTITLE 3. STATE FIRE MARSHAL

Md. PUBLIC SAFETY Code Ann. § 6-306 (2014)

§ 6-306. Criminal history records check of firefighters, rescue squad members, and paramedics

(a) Request for criminal history records check. --

(1) Subject to Title 10, Subtitle 2 of the Criminal Procedure Article, a fire department or rescue squad of the State or a political subdivision of the State, a volunteer fire company or rescue squad, or an ambulance service licensed under § 13-515 of the Education Article may request the State Fire Marshal or other authorized agency that has access to the Criminal Justice Information System Central Repository in the Department of Public Safety and Correctional Services to conduct an initial criminal history records check on an applicant for employment or appointment as a volunteer or career firefighter, rescue squad member, or paramedic.

PLEASE PRINT

Full Name_____
Last First Middle

Address _____
Address Line 1

_____
Address Line 2

_____
City State Zip Code

Date of Birth _____Sex_____Race_____Social Security #_____

Driver's License Number_____State_____

Have you ever been convicted of any Crime? Yes_____No_____

If yes, explain_____

_____

_____

I, _____, authorize the Ocean City Fire Department-Career Division to conduct a criminal record search, and I agree to be fingerprinted for such purpose.

_____
Signature of Applicant Date

Criminal Background Form Revised 02/2015

Town of Ocean City
Ocean City Fire Department
Career Division

Availability Questionnaire (Part-Time Applicants)

Print neatly

Name_____

Part-time personnel are expected to be available to work a minimum of 24 hours a week during the summer season (Mid-May through September).

A. Are you available to work at least 24 hours per week? Yes No

If no, what is your availability: _____

B. Do you need special scheduling arrangements? Yes No

(Need to work around another job, college, cannot work certain days, cannot work nights, etc.)

If yes, please explain:

_____

_____

_____

_____

_____

Signature_____Date:_____

Revised 12/2013