



Spearfish Emergency Ambulance Service, Inc.

715 E Colorado Blvd, Spearfish, SD 57783
Phone: (605)642-8810 • Fax: (605)717-0193
www.spearfishambulance.com



Full-Time EMT, AEMT, or Paramedic Position(s) Opening

Spearfish Emergency Ambulance Service (SEAS) is accepting applications for one or more opened full-time EMT, AEMT, or Paramedic positions. The position is scheduled around a three-crew rotation (24hr on / 48hr off).

Qualification for Position:

- Shall have a working knowledge of the laws, policies and procedures as they apply to persons and equipment under the care and supervision of the corporation.
- Shall be a skilled driver with a current valid South Dakota driver's license, EVOC certification and must be insurable as an Emergency Vehicle Operator.
- Shall have current National Registry and/or SD State certification/licensure as an EMT or AEMT and be knowledgeable in all areas of patient care and evaluation according to state guidelines and level of certification/licensure. Shall be licensable at the same level in the State of SD if not already.
- Must be physically capable of performing his/her duties as outlined in the Employment Position Description, Employee Handbook, Policies & Procedures and all other employment related documents.

Duties of Position:

- Shall serve as primary EMT or AEMT, responding to calls for service during scheduled working hours.
- Shall be available for call back in time of increased call volume and as directed by the Executive Director or designee.
- Will complete all duties as required on the Daily, Weekly and Monthly Station Duties Log.
- Shall maintain cleaning guidelines for vehicles and equipment according to SEAS policies and procedures for infection control.
- Shall perform all other duties as requested by the Executive Director or designee.

Serious qualified applicants should return the attached application for employment to:

Spearfish Ambulance
Executive Director – Brian Hambek
715 E. Colorado Blvd.
Spearfish, SD 57783

Phone: 605-642-8810
Fax: 605-717-0193
Email: seas@rushmore.com



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715 E Colorado Blvd, Spearfish, SD 57783 • Phone: (605) 642-8810 • Fax: (605) 717-0193
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Employment Application

I am applying for (check all that apply): Full-Time Part-Time Volunteer (paid)

Name: _____ Soc. Sec #: _____ - _____ - _____

Address: _____ DOB: ____/____/____

City: _____ State: _____ Zip Code: _____ Phone: Hm _____

E-Mail Address: _____ Cell Phone #: _____

Drivers License #: _____ State: _____ Exp. Date: ____/____/____

SD EMT # _____ Exp. Date ____/____/____ NREMT # _____ Exp. Date ____/____/____

Check One: EMR /EVOC EMT / EMT-B I-85 AEMT Paramedic

Advanced Life Support License # _____ Exp. Date ____/____/____ State: _____

Highest Level of Education (with completion date)

- High School: ____/____
- Some Technical schooling (no degree)
- Some College (no degree)
- College/University Degree: ____/____
- Graduate School Degree: ____/____

Veteran Status: (Check One) N/A Active Duty Reserve Honorable Discharge

Location of Initial EMS Training

EMR/EVOC: _____ Date Certified: ____/____/____

EMT/EMT-Basic: _____ Date Certified: ____/____/____

EMT-Intermediate: _____ Date Certified: ____/____/____

Advanced EMT: _____ Date Certified: ____/____/____

Paramedic: _____ Date Certified: ____/____/____

ALS ONLY: Exp. Dates – **ACLS:** ____/____/____ **PALS:** ____/____/____ **NALS:** ____/____/____ **CCP-C / CCEMTP:** ____/____/____

Other Training and Year Completed

1. _____ 3. _____
2. _____ 4. _____

Other Ambulance Services Employed With, Years at Each, Title & Contact Phone Number

- **Have you ever been employed by Spearfish Ambulance Service before?** YES NO
If YES, when and reason for leaving: _____
- **Do you have ANY health problems that may interfere with you performing your job?** YES NO
If YES, please list: _____
- **Have you ever been convicted of a felony under state or federal law?** YES NO
If YES, please explain: _____
When: ____/____/____ Disposition: _____
- **Have you ever had your healthcare certification or license suspended or revoked?** N/A YES NO
If YES, please explain: _____
When: ____/____/____ Disposition: _____ State: _____

Applicant Initials: _____

References

1. Name: _____ Relationship: _____
 Address: _____
 Phone (day): _____ Phone (night): _____

2. Name: _____ Relationship: _____
 Address: _____
 Phone (day): _____ Phone (night): _____

3. Name: _____ Relationship: _____
 Address: _____
 Phone (day): _____ Phone (night): _____

- **By my signature, I hereby authorize** the Executive Director to conduct a background check and/or obtain a criminal record on me. I hereby understand that the Executive Director will confidentially hold the results of the criminal record check. The results of this check will be taken into consideration when accepting or rejecting applications.
- Our insurance carrier checks personal driving records. If you have more than three (3) traffic violations in the past three (3) years, you will not be allowed to operate our vehicles.
- You **MUST** supply current copies of the following documents: Social Security card, Driver's License, SD EMT card, CPR card.
- Please supply current copies of the following documents if applicable: NREMT card, ACLS card, PALS card, and/or other current certification(s).

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed in this document to give Spearfish Emergency Ambulance Service, Inc. and its Executive Officer(s) all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing said information to Spearfish Emergency Ambulance Service, Inc. In consideration of my employment, I agree to conform to the rules and regulations of Spearfish Emergency Ambulance Service, Inc. I further agree that either Spearfish Emergency Ambulance Service, Inc. or I may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of Spearfish Emergency Ambulance Service, Inc., other than the Executive Director, has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Applicant Name (print): _____
 Applicant Signature: _____ Date: ____/____/____

In the Event of an Emergency – Please Notify:

1. Name: _____ Relationship: _____
 Address: _____
 Phone (day): _____ Phone (night): _____

2. Name: _____ Relationship: _____
 Address: _____
 Phone (day): _____ Phone (night): _____

Voluntary Personal Information:

(Employment is not subject to the following information)

- Do you speak any language(s) other than English? YES NO
- If YES what: _____
- Marital Status: Single Married Name of Spouse: _____
- Number of family members/dependents (including yourself): _____

Dependent Children

Name	Gender	Age
	M F	
	M F	
	M F	
	M F	