



Pipestone County

Name: _____

Application Supplement: Please specify by checking box position applying for-

Paramedic

Instructions: Your training and experience will be evaluated and scored to determine how well you qualify for this position. Please provide the additional information requested below in a clear and concise manner. Include in your answers the name and phone number of someone who can and will verify your experience or training (employer/supervisor/instructor). Be specific and provide all requested information.

1. Please list any emergency medical support training or post-secondary education you have received. List degrees, certifications earned, specific area(s) of study and educational institutions from which received. Attach copies of degrees, certifications, transcripts.

2. Describe your previous experience in using Electronica Patient Care Reporting or similar medical care reporting software or tools.

3. List your previous EMT or Paramedic experience. Use additional pages if necessary.

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| 5. | Do you have a H.S. diploma or GED? | Yes___ No___ |
| 6. | Are you currently certified as a MN EMT or Paramedic? | Yes___ No___ |
| | If not, are you a NREMT? | Yes___ No___ |
| | Did your EMT certification lapse within the past twelve months? | Yes___ No___ |
| 7. | Do you/will you reside within ten (10) minutes of the Pipestone ambulance garage? | Yes___ No___ |
| 8. | Do you possess a valid driver's license? | Yes___ No___ |

Please include the following information with the application form. The failure to do so may delay or prevent the timely processing of the application.

1. Copy of documentation of relevant educational courses or post-secondary training completed
2. Copy of EMT or Paramedic certification
3. Copy of valid driver's license
4. Copy of documentation of any relevant clerical, bookkeeping, computer training
5. Copy of DD214 if requesting veteran's preference points
6. Copy of CPR Card