

**The City of International Falls
Invites applications for position of
EMT-P (EMERGENCY MEDICAL TECHNICIAN PARAMEDIC)**

This full-time position is comprised of twelve (12) hour shifts with overtime, focusing on the high-quality care and transportation of both ACLS and BLS patients. Duties include delivering care based on inter-facility and 911 calls, with documentation and electronic charting. All conduct must be safe and courteous.

The full-time hourly wage range for the position in 2021 is \$24.82 with an annual step up increase for 4 years, with benefits per the union collective bargaining agreement. Minimum qualifications require a High School Diploma or GED; Shall possess a valid MN Driver's license; shall be a current National Registry and MN EMSRB Paramedic; Shall possess current ACLS, PALS, and PHTS or BTLIS Certifications, Previous Experience in EMS and/or Healthcare Setting; Effective verbal, electronic, and written communication skills with attention to detail and follow-up; Knowledge of medical terminology preferred; Effective critical thinking skills, and team-oriented nature; Ability to perform all physical aspects of the position; and satisfactorily complete a background investigation.

APPLICATION PACKETS ARE AVAILABLE FOR EITHER DISTRIBUTION OR COLLECTION FROM THE FIRE HALL. Additional information is available from Adam Mannausau, Fire Chief, at phone number (218) 283-9073 or (218) 283-2929 or by email at adamm@ci.international-falls.mn.us.

CONTACT FOR APPLICATION PACKET INFORMATION:

Fire Chief Adam Mannausau
International Falls Fire Station
600 4th Street
International Falls, MN 56649
Phone (218) 283-9073 or (218) 283-2929
Office Hours: Monday - Friday, 8:00 A.M. to 5:00 P.M.
Email: adamm@ci.international-falls.mn.us
www.ci.international-falls.mn.us

APPLICATION REVIEW STARTS August 30, 2021. Position open until filled.



City of International Falls

Application For Employment

We welcome you as an applicant for employment. Your application will be considered with others for the position advertised. Qualified applicants are considered without regard to age, color, creed, disability, familial status, marital status, national origin, political affiliation, public assistance status, race, religion, sex, or sexual or affectional orientation. Failure to complete this application in its entirety will result in rejection of your application.

Position

Position You Are Applying For
EMT-P (PARAMEDIC)

Available Start Date

Desired Pay

Employment Desired

☒ Full Time

☐ Part Time

☐ Seasonal/Temporary

Personal Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are you a U.S. Citizen?

☐ Yes

☐ No

Note: *If Selected For Employment You Shall Be Required To Submit to a Pre-Employment Drug Screening Test*

Employment History

(List either your last 4 employers and/or employment within the last 10 years. Start with present or most recent employer.)

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Employer (4)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Employer (5)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Employer (5)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Education

School Name	Location	Years Attended	Degree Received	Major

Training	Location	Date Completed	Expiration Date
First Responder			
EMT-Basic			
EMT-Intermediate			
EMT-Paramedic			
CPR			
ACLS			
PALS			
PHTLS or BTLS			
Emergency Driving			

Licensure	National Registry Number	Expiration Date
First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Licensure	MN Emergency Medical Services Regulatory Board (EMS RB) Number	Expiration Date
First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Have you ever had an EMT/EMT-I/EMT-P Certification/Licensure denied or revoked?

☐ Yes

☐ No

If so, state when and the circumstances: _____

Military

Complete this section if you served in the U.S. Armed Forces.

Branch of Service:

Rank at Discharge:

Describe your duties and any special training:

Other Certifications/Licenses/Trades

List other certifications, licenses, trades you possess.

References

Name	Title	Company	Phone

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.447 and 197.455.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of International Falls. Please contact our office at 218-283-9484 or your local County Veterans' Service Office at 218-283-1179, if you have any questions regarding veterans' preference.

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE.

DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "Member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of International Falls operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien.

Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of International Falls.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last) (First) (MI)	Position For Which You Applied:	
Address (Street) (City) (State) (Zip)	Closing Date:	
	Phone Number	Are you a US Citizen or Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran ☐ Yes ☐ No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever been promoted within the City of International Falls employment? ☐ Yes ☐ No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: _____ Have you remarried? ☐ Yes ☐ No

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of International Falls by the required application deadline.

Signature

Date

EMPLOYMENT CERTIFICATION

READ THE FOLLOWING WAIVER CAREFULLY
BEFORE SIGNING THIS APPLICATION

1. I have read and understand the job description and this application for the position for which I am applying.
2. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information may result in rejection of my application or dismissal if I am hired.
3. I, hereby, authorize the City of International Falls to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I, hereby, authorize all current and previous employers to release job related information upon the request of the City of International Falls.
5. I, hereby, authorize the City of International Falls to conduct a Criminal History Record Information check and have access to such records for purposes of determining my eligibility for employment with the City.
6. I understand that it is my responsibility to notify the City of International Falls, in writing, of any changes to information reported on this application.
7. I understand that this position requires pre-employment physical examinations and drug/alcohol tests. I consent to take the pre-employment physical examinations and drug/alcohol tests as may be required by the City of International Falls at such times and places as the City may designate. The City pays for the costs of the examinations and tests.
8. As part of this application, I, the undersigned applicant, do hereby, expressly and voluntarily release, relinquish, and forever discharge the City of International Falls, it's agents, officers, or employees, from any and all claims, demands or causes of action, including specifically, all acts of active or passive negligence on the part of the City, it's agents, officers, or employees, it being fully understood that I do, hereby, voluntarily assume all risks of whatever nature in connection herewith.

APPLICANT SIGNATURE

DATE

CITY OF INTERNATIONAL FALLS

TITLE

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION POLICY

Attention applicant: ***Keep your copy of this policy, which is attached at the back of this application packet.***

This is to affirm the City of International Falls' policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/ Affirmative Action laws, directives and regulations of Federal, State, and Local governing bodies or agencies thereof, especially Minnesota Statutes 363.

The City of International Falls will not discriminate against or harass any employee or applicant for employment because of age, color, creed, disability, familial status, marital status, national origin, political affiliation, public assistance status, race, religion, sex, or sexual or affectional orientation.

The City of International Falls will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

The City of International Falls will commit the time and resources reasonably necessary, both financial and human, to achieve the goals of Equal Opportunity and Affirmative Action.

The City of International Falls will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. Any employee of this City who does not comply with the Equal Employment Opportunity policies and procedures as set forth in this statement and plan may be subject to disciplinary action.

No part of this program is to be construed as a contract between the City of International Falls and any individual employee. It does not describe in any way the terms and conditions of employment of City employees. Such terms and conditions are set forth in, and the employment relationship is governed by, applicable collective bargaining agreements, employment agreements, or the personnel code of the City.

The City of International Falls has appointed the City Administrator to manage the Equal Employment Opportunity/Affirmative Action program. The City Administrator's responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action program, as required by Federal, State, and Local agencies. If any employee or applicant for employment believes he/she has been discriminated against, please notify the City Administrator, 600 4th Street, International Falls, MN 56649, or call (218) 283-9484.

EMPLOYMENT VERIFICATION INFORMATION

Attention applicant: *Keep your copy of this information sheet, which is attached at the back of this application packet.*

The U.S. Government requires all employers to verify new employees' eligibility for U.S. employment and their identity. The City of International Falls must decline to hire prospective employees if they fail to present adequate proof of their eligibility and identity.

As evidence of eligibility and identity, the government requires new employees to submit originals of one document from Group A or one document from each of Groups B and C.

IF YOU ARE HIRED BY THE CITY OF INTERNATIONAL FALLS, YOU MUST SUBMIT THE REQUIRED DOCUMENT(S) BEFORE YOU CAN BEGIN EMPLOYMENT. PLEASE BE PREPARED TO PROVIDE THESE DOCUMENTS WHEN REQUESTED BY THE CITY.

GROUP A

- United States passport
- Certificate of United States Citizenship
- Certificate of Naturalization
- Unexpired foreign passport with attached unexpired Employment Authorization
- Alien Registration Card with photograph

GROUP B

- A state issued driver's license or I.D. card with photograph, or information including name, sex, date of birth, height, weight, and color of eyes.
- Military Identification Card
- Other photo identification approved by the Attorney General

GROUP C

- Original Social Security Number Card (other than a card stating it is not valid for employment)
- A U.S. birth certificate issued by the state, county, or municipal authority bearing a seal or other certification
- Unexpired INS Employment Authorization

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to the agencies where you may be considered for employment (to comply with M. S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Director of Personnel by letter.

<u>Private Data</u>	<u>Why We Ask For It</u>	<u>Are You Legally Obligated To Provide it?</u>	<u>What May Happen If You Don't Provide It?</u>
Social Security Number	To distinguish you from all other applicants	No	In most cases, nothing. However, it will help to ensure that your records are accurate.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veterans Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether you records may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S.S.S. 43A.39.

In connection with this application for employment, I authorize the City of International Falls and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of International Falls and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ YES ☐ YES, but not present employer until job is offered. ☐ NO (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

DATE _____

APPLICANT'S SIGNATURE _____

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of International Falls during the application process or during employment.

Any information about yourself that you provide to the City of International Falls during the application process will be used to identify you as an applicant; to distinguish you from all other applicants; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for; and to assess your qualifications for employment with the City.

If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

veteran status

rank on eligibility list

education and training

relevant test scores

job history

work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

Other information about yourself that you provide during the application process or during employment with the City is classified as private under state law, except as listed as public here or as listed in Minn. Stat. Ch. 13.01, et seq. That is, the information may not be provided to members of the public except:

- (1) persons authorized to have access to the information under state or federal law; and
- (2) persons authorized by court order to have access to the information; and
- (3) persons to whom you consent in writing to have access to the information.
- (4) All individuals in the City who need to know information will have access.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

APPLICANT'S SIGNATURE:

DATE:

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