

**CITY OF MAYVILLE
POSITION DESCRIPTION**

POSITION TITLE: Ambulance Driver

DATE: February 2016

REPORTS TO: Director/Deputy Director

JOB PURPOSE: Responds to emergency calls and transports ill or injured persons.

DUTIES AND RESPONSIBILITIES: The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive and other duties may be required and assigned.

Responds to emergency call and transports individuals as needed.

Accepts being on call for a day or night schedule.

Be able to lift cot with patient and related equipment.

Be clean and neat in appearance and maintain patient confidentiality.

Maintain and clean ambulance after a call if needed.

Knows and follows all policies.

Attends all monthly meetings/practices which are held the fourth (4th) Wednesday of the Month.

This Position is subject to an 18 month probation period which can be extended if necessary.

POSITION QUALIFICATIONS: High school diploma. Must possess a valid State of Wisconsin driver's license. Must reside within the corporate limits of the City of Mayville.

DESIRABLE KNOWLEDGE AND ABILITIES: Must be CPR certified. Ability to perform work under adverse conditions. Knowledge of traffic ordinances and regulations concerning emergency vehicle operation. Ability to react quickly and calmly in emergencies. Ability to establish and maintain effective working relationships with other members, the public, other city officials, or any combinations of qualifications, knowledge, and abilities that yield the necessary qualities to perform the required job duties.

SUPERVISION/DECISION MAKING: Does not supervise others. Receives general supervision and works alone on routine work from standard practices and procedures. Works as a team. Decisions affect the entire department.

INTERACTION: Frequent inside and outside contacts with co-workers, immediate supervisor and taxpayers. Contacts involve matters involving corrections or adjustments where some tact is essential to resolve minor problems.

ABOVE ALL: MAINTAIN PATIENT CONFIDENTIALITY AT ALL TIMES....

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| GENERAL | |
| Subjects of Special Study or Research Work | |
| | |
| Special Training | |
| | |
| Special Skills | |
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| SERVICE RECORD | | |
| Branch of Service | Discharge Date | Rank |
| Present Membership in National Guard or Reserves | Date Obligation Ends | |

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| PREVIOUS EMPLOYMENT (List below the last three employers, starting with the last one first) | |
| Name of Present or Previous Employer | Job Title |
| Street Address | City, State, ZIP |
| Starting Date (Month & Year) | Leaving Date (Month & Year) |
| Starting Salary \$ | Final Salary \$ |
| Name & Title of Supervisor | Phone |
| May we contact your current or previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Work | |
| Reason for Leaving | |

| | |
|---|-----------------------------|
| Name of Employer | Job Title |
| Street Address | City, State, ZIP |
| Starting Date (Month & Year) | Leaving Date (Month & Year) |
| Starting Salary \$ | Final Salary \$ |
| Name & Title of Supervisor | Phone |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Work | |
| Reason for Leaving | |

| | |
|---|-----------------------------|
| Name of Employer | Job Title |
| Street Address | City, State, ZIP |
| Starting Date (Month & Year) | Leaving Date (Month & Year) |
| Starting Salary \$ | Final Salary \$ |
| Name & Title of Supervisor | Phone |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Work | |
| Reason for Leaving | |

| REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year) | | | |
|--|---------|--------------|------------------|
| Name | Address | Phone Number | Years Acquainted |
| | | | |
| | | | |
| | | | |

| AUTHORIZATION | |
|---|-----------|
| <p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.</p> <p>If I am considered to be a final candidate for this position, I understand that City records revealing my name will be open to the public for inspection.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.</p> | |
| Date | Signature |

SPECIAL QUESTIONS

DO NOT answer **ANY** of the questions in this framed area unless the employer has checked a box preceding a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national Security Laws, or is needed for other legally permissible reasons.

Height _____ Feet _____ Inches Date of Birth* _____

Weight _____ Are you a U.S. Citizen? Yes No

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

What foreign languages do you speak fluently? _____

Read _____ Write _____

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes No

Describe _____

I understand that I may be required to take one or more:

Physical examination, drug or other test(s) as a condition of hiring, or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).
 Yes No

I have been advised that lie detectors test, as a condition of hiring or continued employment, are prohibited by law.
 Yes No

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

ADDITIONAL QUESTIONS FOR EMT APPLICATIONS

Have you ever worked as an EMT before? Yes No

If yes, provide name of supervisor.

Supervisor's Phone

Are you currently employed as an EMT? Yes No

If yes, provide name of supervisor.

Supervisor's Phone

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

| | |
|--|---|
| Programs Regulated under Chapter 48, Wis. Stats. | Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care. |
| Programs Regulated under Chapters 50, 51, and 146, Wis. Stats. | Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services. |
| Others | Child Care Providers contracted through Local School Boards |

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge, however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal) Other - Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

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|--|---------------|--|---------------------------|------|
| Name - (First and Middle) | Name - (Last) | Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) | | |
| Any Other Names By Which You Have Been Known (Including Maiden Name) | | Birth Date | Gender (M / F) | Race |
| Address Street, City, State, ZIP Code | | | Social Security Number(s) | |
| Business Name and Address - Employer or Care Provider (Entity) | | | | |

| SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION | YES | NO |
|--|-----|----|
| <p>1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</p> <p>> If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p> | | |
| <p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)</p> <p>> If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p> | | |
| <p>3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked:</p> <p><input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)</p> <p>> If Yes, explain, including when and where it happened.</p> | | |
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>> If Yes, explain, including when and where it happened.</p> | | |

(continued on next page)

| SECTION A (continued) | YES | NO |
|--|-----|----|
| 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? > If Yes, explain, including when and where it happened. | | |
| 6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? > If Yes, explain, including when and where it happened. | | |
| 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? > If Yes, explain, including credential name, limitations or restrictions, and time period. | | |
| SECTION B - OTHER REQUIRED INFORMATION | YES | NO |
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? > If Yes, explain, including when and where it happened. | | |
| 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? > If Yes, explain, including when and where it happened and the reason. | | |
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? > If yes, indicate the year of discharge: _____ > Attach a copy of your DD214 if you were discharged within the last 3 years. | | |
| 4. Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there. | | |
| 5. Have you had a caregiver background check done within the last 4 years? > If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | | |
| 6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision. | | |

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

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| SIGNATURE | Date Signed |
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**APPROVAL FORM FOR LEAVE OF WORK
FOR EMS DEPARTMENT PERSONNEL**

I, _____, _____,
(Name) (Supervisory Title)

of _____
(Company)

do hereby approve that _____,
(Employee)

is allowed to leave work should the Mayville EMS Department be called out to
assist in an emergency situation for the City of Mayville.

(Signature of Supervisor)

MEDICAL INFORMATION RELEASE FORM

I, _____, hereby authorize the Mayville Medical Center and its affiliates to release the results of my physical exam to the City of Mayville, Attn: Michael Kurutz and/or Darlene Smith, P. O. Box 273, Mayville, WI 53050 as a condition of my employment with the City of Mayville.

Date

Employee