

**CITY OF ANTIGO, WISCONSIN  
JOB DESCRIPTION**

**JOB TITLE:** Paid on Call EMT

**JOB CODE NUMBER:** N/A

**DEPARTMENT:** Antigo Fire Department

**GRADE NUMBER:** N/A

**DIVISION:** All

**UNION:** No

**DATE:** June 22, 2010

**REVISION:** November 8, 2010

**JOB SUMMARY:**

Protects life and property by performing emergency medical care duties. Maintains apparatus and facilities.

**SUPERVISION RECEIVED:**

Works under the general supervision of all full-time firefighters, Fire Lieutenant, Deputy Chief, and/or Fire Chief.

**SUPERVISION EXERCISED:**

May assist to coordinate, instruct, or supervise the work of new POC recruits, or other part-time department personnel, as assigned.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:**

Performs emergency medical activities including administering emergency medical care and providing other assistance as required.

Attends classes in emergency medical and related subjects.

Operates radio and other communication equipment.

Maintains department apparatus and facilities. Performs minor repairs to departmental equipment.

Performs general maintenance work in the upkeep of equipment; cleans and washes walls and floors; cares for grounds around station; makes minor repairs; washes, cleans, polishes, maintains apparatus and equipment.

Writes reports and completes all related paperwork relative to tasks assigned.

Performs other duties as assigned by supervisors.

**PERIPHERAL DUTIES:**

Assists in department supervisory and administrative activities as assigned.

Assists in training new employees as assigned.

Participates in department sponsored community events, programs, etc.

**DESIRED MINIMUM QUALIFICATIONS:**

Entry Level:

Education and Experience:

- (A) High school diploma or GED equivalent
- (B) Valid Wisconsin Drivers License
- (C) Wisconsin Emergency Medical Technician (EMT-Basic) Certification

Necessary Knowledge, Skills and Abilities:

- (A) Working knowledge of driver safety; working knowledge of emergency medical care:
- (B) Ability to learn the operation of emergency equipment; Ability to learn to apply standard emergency medical care; Ability to perform strenuous or peak physical effort during emergency, training or station maintenance activities for prolonged periods of time under condition of extreme heights, intense heat, cold or smoke; Ability to act effectively in emergency and stressful situations; Ability to follow verbal and written instructions; Ability to communicate effectively orally and in writing; Ability to establish effective working relationships with employees, other agencies, and the general public; Ability to meet the special requirements listed below.

**SPECIAL REQUIREMENTS:**

Entry Level:

- (A) Must be 18 years or older at the time of employment;
- (B) Must possess, or be able to obtain by time of hire a valid State driver's license without record suspension or revocation in any State;
- (C) No felony convictions or disqualifying criminal histories within the past seven years;
- (D) U.S. citizen;
- (E) Must be able to read and write the English language;
- (F) Must be of good moral character and of temperate and industrious habits;
- (G) Possess a current EMT certificate at time of appointment;
- (H) Provide proof of immunization records for EMS;
- (I) Must reside, live, and maintain residency, within a fifteen (15) mile radius of the City of Antigo limits.

**SELECTION GUIDELINES:**

Entry Level:

Formal application; oral examination; background verification and check; final selection.

**TOOLS AND EQUIPMENT USED:**

Emergency medical aid unit and other standard EMS equipment, first aid equipment, radio, pager, personal computer, knowledge of computers and fire department software programs, phone.

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand; walk; use hands to finger, handle, or operate objects, tools, or controls; and reach with hands and arms. The employee is occasionally required to sit; climb or balance; stoop, kneel, crouch, or crawl, talk or hear, and taste or smell.

The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move in excess of 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

**WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The employee occasionally works near moving mechanical parts and in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk or electrical shock, and vibration.

The noise level in the work environment is usually moderate, except during certain EMT activities when noise levels may be loud.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employees and is subject to change by the employer as the needs of the employer and requirements of the job change.



# City of Antigo Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

<p><b>INSTRUCTIONS: PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING</b></p> <p><b>To be filled out by the applicant only!</b> If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Please contact City Hall (contact information provided at the right) for assistance. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.</p> <ul style="list-style-type: none"> <li>• Incomplete applications MAY NOT BE CONSIDERED</li> <li>• If resume is submitted, DO NOT write "see resume"</li> <li>• DATE and SIGN this application</li> <li>• Please list a minimum of fifteen years prior experience and education.</li> <li>• Please complete this application in blue or black ink. Do not type.</li> <li>• You are not required to furnish any information, which is prohibited by federal, state, or local law.</li> </ul>	<p>MAIL APPLICATION TO:</p> <p>CITY OF ANTIGO HUMAN RESOURCES 700 EDISON ST ANTIGO, WI 54409-1955</p> <p>Human Resource office is located in City Hall – 700 Edison St – Antigo, WI</p> <p>PHONE: (715) 623-3633 X108 FAX: (715) 627-7099</p> <p>www.antigo-city.org</p>
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TITLE OF POSITION YOU ARE APPLYING FOR: _____	DEPARTMENT: _____	TODAY'S DATE: _____
I will accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	What hours are you available for work? _____	
<b>Name:</b> _____ (Last)                                      (First)                                      (M.I.)	<b>Home Phone:</b> (     ) _____ - _____	
<b>Current Address:</b> _____ (Street)                                      (Apt #) _____ (City)                                      (State)                                      (Zip)	<b>Cell Phone:</b> (     ) _____ - _____ <b>Business Phone:</b> (     ) _____ - _____ May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list hours _____	
<b>Permanent Address: (If different than current address)</b> _____ (Street)                                      (Apt #) _____ (City)                                      (State)                                      (Zip)	When will you be available for employment? _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address: _____ May we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to have the information contained in your application materials remain confidential as permitted by law in accordance with 19.36(7) WI State Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: The names of the 'Final Candidates' must be open to public inspection.		
Have you ever been employed with the City of Antigo? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: When, in what position, and in what department? _____ <i>The City of Antigo shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i> List any relatives employed by the City of Antigo or serving as elected or appointed officials: _____		
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No    State issued from: _____ Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type/Class: _____ Do you possess any other License? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type: _____		
Are you able to perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, will you be able to perform the functions with an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List any current memberships in professional or technical associations:

List any current license or registration as a member of a trade or profession including expiration dates:

**THIS SECTION MUST BE COMPLETED!** Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

Do you have any convictions or pending charges to report? Please check  Yes or  No If Yes, please explain below (you may attach another sheet if necessary).

Approximate dates may be listed:

Date	Location	Charge	Court	Final Outcome of Case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

**Special skills & qualifications:**

List all office equipment that you can skillfully operate \_\_\_\_\_

List all computer software which you can skillfully operate \_\_\_\_\_

Did you graduate from high school?  Yes  No

Name of school: \_\_\_\_\_ Location of school: \_\_\_\_\_

If no, have you passed a high school equivalency or GED test?  Yes  No

Location received high school equivalency or GED: \_\_\_\_\_

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently Attending	Major Field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training.

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of fifteen years prior experience and education.

Are you currently unemployed?  No  Yes, since \_\_\_\_\_

Applicant Name \_\_\_\_\_

**EMPLOYMENT SECTION: (Please start with your most recent position – including military service)**

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES: _____
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____
Hours each week:	Address:		_____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time	Reason for leaving or considering change:	_____ _____
Present salary (indicated yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____

From (month & year)	Title of position held:		PRIMARY DUTIES: _____
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____
Hours each week:	Address:		_____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
Ending salary (indicated yearly, monthly or hourly):	Reason for leaving:		_____ _____

From (month & year)	Title of position held:		PRIMARY DUTIES: _____
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____
Hours each week:	Address:		_____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
Ending salary (indicated yearly, monthly or hourly):	Reason for leaving:		_____ _____

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ending salary (indicated yearly, monthly or hourly):	Reason for leaving:		

**Please make copies of the previous sheet or use a separate sheet of paper for additional employers**

OTHER EXPERIENCE					
(Include volunteer experience, internships, and/or jobs, not included in the employment section.)					
Company Name/Location	Job Title	Dates Employed (month/year)		Annual Salary	Full or part time
		From:	To:		
		From:	To:		

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES			
Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.			
NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP	YEARS KNOWN

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial: \_\_\_\_\_ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Antigo. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Antigo, and consent to the release of the test results to the City of Antigo. I hereby release and hold harmless the City of Antigo, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial: \_\_\_\_\_ I authorize the City of Antigo, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Antigo, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Antigo only if it substantially relates to the position applied for.

Initial: \_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Antigo reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial: \_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by the City of Antigo and to comply with safety rules and requirements. In addition, I understand that the City of Antigo maintains a workplace free from drugs, harassment and violence.

Initial: \_\_\_\_\_ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Antigo has the authority to make any assurances to the contrary.

Initial: \_\_\_\_\_ I understand that, as one of the conditions of my employment with the City of Antigo, there may be a residency requirement and I shall maintain my residence within the specified area during my employment with the City. I further understand that I must establish residence within the specified area within 60 days after completion of my probationary period. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all changes of residence address. I further understand that if I should move outside the specified area, my position will be vacated and I will be deemed to have resigned employment with the City.

**I hereby certify that all statements made on or in connection with my application are true, complete and correct without omission of any kind to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal. I agree that the City of Antigo shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.**

I authorize any person contacted to provide the City of Antigo any and all information regarding my employment, education (including a transcript of any academic record), and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless the City of Antigo, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

**In addition, a copy of this authorization is as valid as the original and should be recognized as such.**

The City of Antigo is committed to the equality of opportunity for all people. It is the policy of the City of Antigo to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
Applicant's Name (PLEASE PRINT)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



\*\*\*\*PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION\*\*\*\*  
CITY OF ANTIGO  
Recruitment Information

This form is not part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: \_\_\_\_\_  
Last First M.I.

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. POSITION(S) APPLYING FOR: \_\_\_\_\_

4. RACIAL/ETHNIC GROUP: How do you describe yourself in terms of the following groups?

- \_\_\_\_\_ A. White, not of Hispanic origin: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- \_\_\_\_\_ B. Black/African American or African: A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- \_\_\_\_\_ C. American Indian or Alaska Native: A person descending from any of the original peoples of North, South or Central America who possess 1/4 degree of documented tribal descendancy or is enrolled with a federally and state recognized tribe.
- \_\_\_\_\_ D. Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- \_\_\_\_\_ E. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ F. More Than One Race: A person designating more than one of the racial groups above.
- \_\_\_\_\_ G. Hispanic/Latino Ethnicity: A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish cultures or origin, regardless of race. Includes persons from the Dominican Republic.
- \_\_\_\_\_ H. Not Hispanic/Latino Ethnicity: A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

5. GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

6. RECRUITMENT: How did you hear about the job in which you are most interested (Check only one)?

- \_\_\_\_\_ A. Antigo Daily Journal
- \_\_\_\_\_ B. Another Newspaper (which one: \_\_\_\_\_).
- \_\_\_\_\_ C. Professional Journal (which one: \_\_\_\_\_).
- \_\_\_\_\_ D. Bulletin Board (where: \_\_\_\_\_).
- \_\_\_\_\_ E. Word of mouth: \_\_\_\_\_.
- \_\_\_\_\_ F. Internet (which website: \_\_\_\_\_).
- \_\_\_\_\_ G. Radio (which station: \_\_\_\_\_).
- \_\_\_\_\_ H. City/Technical School Jobline

7. VETERAN STATUS: Please check one.

- \_\_\_\_\_ A. Veteran: Branch of service: \_\_\_\_\_ and years: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_
- \_\_\_\_\_ B. Active Reserves
- \_\_\_\_\_ C. None

8. DISABILITY STATUS: The American with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such impairment." Based on this definition, are you an individual with a disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No