

# **SNOHOMISH COUNTY FIRE PROTECTION DISTRICT 17 GRANITE FALLS**

## **Single-Role Paramedic Application Package**



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**To maintain a state of readiness  
to provide a safe, efficient and cost  
effective professional response to the  
emergency and non-emergency needs of  
those we serve.**

Title: Single-Role Paramedic

**Definition:**

The Paramedic is responsible for emergency and non-emergency medical responses including Advanced Life Support (ALS) calls/transport, oversight of Basic Life Support (BLS) calls/transport and perform other related Fire District activities in the community as required or assigned. The Paramedic also participates in training and maintenance duties in order to maintain the readiness and function of the district.

**Job Environment:**

Work is performed during stressful, physically, and mentally demanding situations including extreme temperatures, contaminated atmospheres, hazardous materials, heights, confined areas and trauma situations.

**Responsibilities:**

- Emergency Services

Safely respond to emergencies as a member of a crew and carry out functions as assigned or per applicable protocol. This includes care of the sick or injured, assistance at non-EMS scenes, public assistance calls and other duties.

- Training

Attend drills and classes as well as carrying out individual study to attain required and/or desired competencies. Attend necessary drills and training to maintain EMS certification and proficiency.

- General

Inspect, maintain and conduct minor repairs on apparatus, tools and equipment, grounds and facilities.

### **Knowledge, Skills and Abilities:**

- Knowledge of the principles, practices and procedures of emergency medical services and district policies and procedures.
- Ability to establish and maintain effective working relationship with other fire district employees, supervisors, and the public.
- Ability to conduct oneself in a professional manner that will not negatively impact the public's perception of the fire service while representing Snohomish County Fire District No. 17.
- Be agreeable to work required shifts, irregular hours and respond to emergency alarms when available and/or requested.

### **Requirements:**

1. High School Diploma or GED.
2. Graduation from an accredited Paramedic program.
3. A minimum of one-year as a state or nationally (NREMT-P) certified Paramedic employed with a Fire District, Fire Department, hospital-based or private ambulance that routinely conducted ALS field treatment and transport.
4. Possess and maintain a Washington State Paramedic certification and SCEMS MPD county approval within 90-days of hire.
5. Possess and maintain a current PALS and ACLS certification at time of hire. (PALS requirement may be fulfilled by MPD approved equivalent.)
6. Possess or ability to possess a Washington State drivers license within 30-days of hire.
7. Meet the District's physical qualifications and pass a background check, medical and psychological exams, and drug screening prior to appointment.
8. General knowledge of principles, practices, and procedures of EMS.
9. Maintain insurability to drive/operate a motor vehicle in Washington State.
10. Must be able to read, write, and speak the English Language.
11. Possess or ability to possess and maintain an Emergency Vehicle Driver's Training (EVDT) certification.
12. Abide by the policies and procedures of Fire District 17

I have read the above information and I understand the mandatory requirements stated above. I understand that no offer of employment or benefits is final until I successfully complete the testing process, physical examination, training requirements and agree to abide by the job description.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL INFORMATION:** (Please print or type)

NAME

\_\_\_\_\_

LAST

FIRST

MIDDLE

PHYSICAL ADDRESS

\_\_\_\_\_

STREET

CITY

ZIP

MAILING ADDRESS

\_\_\_\_\_

STREET

CITY

ZIP

TELEPHONE NUMBER ( )

SOCIAL SECURITY #

\_\_\_\_\_

WA. ST. DRIVERS LICENSE #

\_\_\_\_\_

(EXPIRATION)

BIRTHDATE

AGE

\_\_\_\_\_

MM/DD/YYYY

YEARS

Email

**EDUCATION:** HIGHEST YEAR OF SCHOOLING COMPLETED (circle one) 10 11 12 13 14 15 16

HIGH SCHOOL:

DIPLOMA/G.E.D. (DATE) \_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_ (CITY) \_\_\_\_\_

COLLEGE:

DEGREE EARNED \_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_ (CITY) \_\_\_\_\_

**PREVIOUS EXPERIENCE:**

FIREFIGHTING: YES \_\_\_\_\_ NO \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

(NOT REQUIRED)

\_\_\_\_\_  
YEARS OF SERVICE

MEDICAL: YES \_\_\_\_\_ NO \_\_\_\_\_ RATE HELD \_\_\_\_\_

\_\_\_\_\_  
(EXPIRATION OF CERT.)

**EMPLOYMENT:**

\_\_\_\_\_

(PRESENT EMPLOYER)

(ADDRESS/PHONE OF EMPLOYER)

\_\_\_\_\_

(HOURS AND DAYS WORKED)

**MILITARY RECORD:**

\_\_\_\_\_

(IF YOU ARE A VETERAN, PLEASE LIST DATES OF SERVICE)

**HEALTH AND PHYSICAL CONDITION:**

Do you have any health problems that will reasonably affect your ability to perform the duties of a Paramedic as described in the attached job description? If yes please provide an explanation of how, with or without reasonable accommodations, you will be able to perform the duties.

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Date of last Physical Exam: \_\_\_\_\_ Dr. Performing Exam: \_\_\_\_\_

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**CRIMINAL RECORD: (last seven years)**

Have you ever been convicted of any criminal violation or act? YES \_\_\_\_\_ NO \_\_\_\_\_  
If your answer if yes, please complete the following:

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(Date)	(Arresting Agency)	(Charge)	(Disposition)
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Have you ever been cited by ticket, involved in any accidents, or convicted of any driving violation?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please complete the following:

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(Date)	(Arresting Agency)	(Charge)	(Disposition)
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Has your driving privilege ever been suspended, revoked or denied in this state of any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please complete the following:

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(Date)	(Arresting Agency)	(Charge)	(Disposition)
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Are you licensed to drive in any other state? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list the state(s):

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**EXPERIENCE:**

List below any certifications or experience relating to Emergency Medical Service.

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**FORMER EMPLOYERS:** List below your last four employers, starting with last one first.

	DATE Month/Year	Name/Phone/Address of Employer	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED

**EMERGENCY:** In case of Emergency, list Person(s) to notify:

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

The applicant recognizes that the District will contact the above listed references and employers to perform a background check. As a condition of applying for employment the undersigned applicant authorizes Snohomish County Fire Protection District No. 17 to investigate all statements made in this application or attachments: to contact any of my former employers, educational institutes, or any other person or organization that may have information concerning my past work, character, education or military background to obtain driving records, to obtain any records pertaining to prior criminal convictions or charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I am required to have notarized the attached Waiver and Authorization to Release Information.

I certify that all statements on this form are true and complete to the best of my knowledge and belief. If employed, I understand that any false or incomplete information I have given may be considered grounds for termination.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date of Application)

SNOHOMISH COUNTY FIRE PROTECTION DISTRICT NO. 17  
 116 SOUTH GRANITE AVE. GRANITE FALLS WA. 98252  
 POST OFFICE BOX 1049  
 PHONE: 360/691-5553      FAX: 360/691-7837

## SNOHOMISH COUNTY FIRE PROTECTION DISTRICT 17 WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize Snohomish County Fire Protection District No. 17 to obtain any and all information that you may have concerning my work records, reputation, medical records and military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining by qualifications and fitness for the position I am seeking.

I hereby release and hold harmless you, your organization, employees and agents, together with Snohomish County Fire Protection District No. 17 from any liability or damage that may result from furnishing the information requested.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Print Name

STATE OF WASHINGTON,    )  
   ) ss.  
 County of Snohomish        )

ACKNOWLEDGMENT  
 OF  
 INDIVIDUAL

On this day personally appeared before me \_\_\_\_\_ to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

# Paramedic Application Process

1. Applications must be returned to Fire District #17, station 87 located at 116 S. Granite Ave. Granite Falls, Washington. Between the hours of 8 am to 5 pm Monday through Friday. Your application must include a "Driving Abstract" for the last 5 years, if applicable. *Driving abstracts may be obtained at any Department of Licensing.*

## Paramedic Application Requirements

Complete applications must be turned in with the following documents:

1. Drivers Abstract.
2. **Notarized** waiver and authorization to release information. (prior page)
3. Photocopy of current drivers license.
4. Photocopy of high school diploma or GED.
5. Immunizations records.
6. Photocopy of Washington State or NREMT EMT-P Certification.
7. All other related training certificates.