

## Preston Emergency Service

Preston Ambulance is currently seeking applicants that are willing to take the EMT class and volunteer for Preston Emergency Service for a minimum of one year. EMT's and First Responders are compensated for responding to calls and are eligible for other benefits. All training, required equipment and uniforms are provided at no cost. Applicants must be 18 years old at the time of testing and should have completed or expect to complete high school next spring.

Preston Emergency Service is one of our community's most active volunteer organizations and plays a vital role in providing emergency and non-emergency medical care in the pre-hospital setting. We work closely with area fire departments, law enforcement agencies, Mayo One Helicopter and other adjacent ambulance services to serve the citizens of Preston, Fountain, and surrounding townships with quality pre-hospital care. The skills learned by becoming an EMT can be used both on and off the job and can also provide a starting point to move on to other medical related fields such as paramedic, RN and MD.

As a basic life support ambulance service we strive to be a leader in high quality care with the leading technology. We were the first service in SE MN to offer Lucas 2 mechanical CPR device, and recently implemented IV intervention also 12-Lead cardiac monitoring with wireless transmission to Mayo Clinic for recognizing STEMI patients in the field.

If you would like to be considered as a member of our team, you can pick up an application at City Hall, Monday through Friday, 8:00 AM to 4:30 PM, or contact Ryan Throckmorton at [rthrockmorton@prestonmn.org](mailto:rthrockmorton@prestonmn.org).

### Benefits:

Volunteering for your community

Medical Knowledge

Hourly on-call stipend

Per call stipend

Public Employee Retirement Account (PERA)

State Cooper Sams Retirement

Flexible schedule (1- 24hr weekend shift plus 36 hours per month requirement)

Annual family picnic

Annual year end party for Volunteer and significant other

# PRESTON EMERGENCY SERVICE

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      DATE
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary    N/A
Position Applied for			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Education			
HIGH SCHOOL			
From		Address	
College	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
From		Address	
Other	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
From		Address	
	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
References			
PLEASE LIST THREE PROFESSIONAL REFERENCES.			
<i>Full Name</i>			
Company		Relationship	
Address		Phone (      )	
Full Name			
Company		Relationship	
Address		Phone (      )	
Full Name			
Company		Relationship	
Address		Phone (      )	

**LICENSE INFORMATION**

<b>Driver License #</b>	State Issued	
Expiration		
Have you taken a Certified Emergency Vehicle operator's course?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
My driving privileges in Minnesota (whether or not I have a Minnesota driver's license) are fully valid (NOT suspended, revoked, limited, or canceled).      YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>CPR Certificate</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	Renewal Date	
Are you certified as a CPR Instructor?      YES <input type="checkbox"/> NO <input type="checkbox"/>		

**EMERGENCY MEDICAL TECHNICIAN LICENSE/FIRST RESPONDER LICENSE**

<b>State Issued</b>	License Number
Renewal Date	
Are you nationally certified?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>National License Number</b>	Renewal Date

**ON-CALL AVAILABILITY**

Are you available during the day Monday through Friday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your employer allow you to respond?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available during the weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Preston Emergency Service requires members to be on-call 60 hours per month of which 24 hours must be weekend hours. Weekend shifts are scheduled in 24 hours shifts. (Friday 6PM to Saturday 6PM or Saturday 6PM to Sunday 6PM)

Would you be able to meet this requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**PLEASE ATTACH PHOTO COPY OF ALL APPLICABLE LICENSE.**

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I certify that I have read and understand this application to its entirety and the answers and statements given by me are complete and true to the best of my knowledge. I understand that any false information, deletions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during employment. I authorize the company and/or its agents, including consumer report bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records.

I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand, the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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