



Hawley Emergency Response Team, Inc.

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Hawley, Minnesota 56549-0928

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hawleyhert@arvig.net

Information on Membership/Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Membership/Employment are considered the same due to OSHA, state and federal regulations.*

Minimum Age

Membership/employment in this organization shall be limited to persons of at least 18 years of age.

Membership Limit

The membership/employees of the Hawley Emergency Response Team shall be limited to a total of 24 members.

Qualifications for Membership

The qualifications for membership/employment shall be either Minnesota State or National “current” recognition as an EMT-B, EMT-I, EMT-P, First Responder **or a demonstrated willingness to complete the requirements for qualification at the earliest opportunity.**

Membership Classifications

Active or Associate. Active members in good standing have voting rights. Associate members in good standing and probationary members do NOT have voting rights in the organization. There are attendance requirements for both of these classifications.

Election/Hiring of Members/Employees

Any person interested in becoming a member/employee of the corporation shall submit a written and signed application of a form approved by the Board of Directors.

Membership/Employee Committee

The Board of Directors shall serve as the membership committee. All applications for membership shall be duly considered by the committee and approved or disapproved by majority vote of that committee. On approval of his/her application by the membership committee and after meeting any other requirements the applicant shall become a “probationary member”. After completion of the required probationary period the applicant will be evaluated by the Manager and the Board of Directors will make a determination on the probationary members application and if accepted shall become a “member in good standing” of the corporation.

Duty Times / Scheduling Requirements

Duty is split into two 12 hour shifts: 6am-6pm and 6pm-6am. There are two members “on call” per shift. Probationary members may only ride as an “extra” person during the probationary period. All members above Level 1 are required to take a minimum of 5 shifts per schedule. Schedules are either 4 or 5 weeks depending on the month(s).

Training Reimbursement

Level 1 “probationary” personnel will be reimbursed for their required training once they are accepted as a “member in good standing” and, in addition, have given one (1) year of service to the organization in return for this payment. If they serve less than one (1) year, they will be billed for the amount of the training (pro-rated by the length of time served). The term of a “leave of absence” and/or “medical leave” shall not be credited towards the one (1) year of service agreement/requirement. All legal actions will be pursued to collect this training expense.

The Board of Directors reserves the right to waive a portion of this “reimbursement” policy and pay for the training “up front” for Level 1 personnel. This “waiver” only eliminates the responsibility of the member/employee to pay for the training themselves “up-front. All other requirements as outlined above still apply.

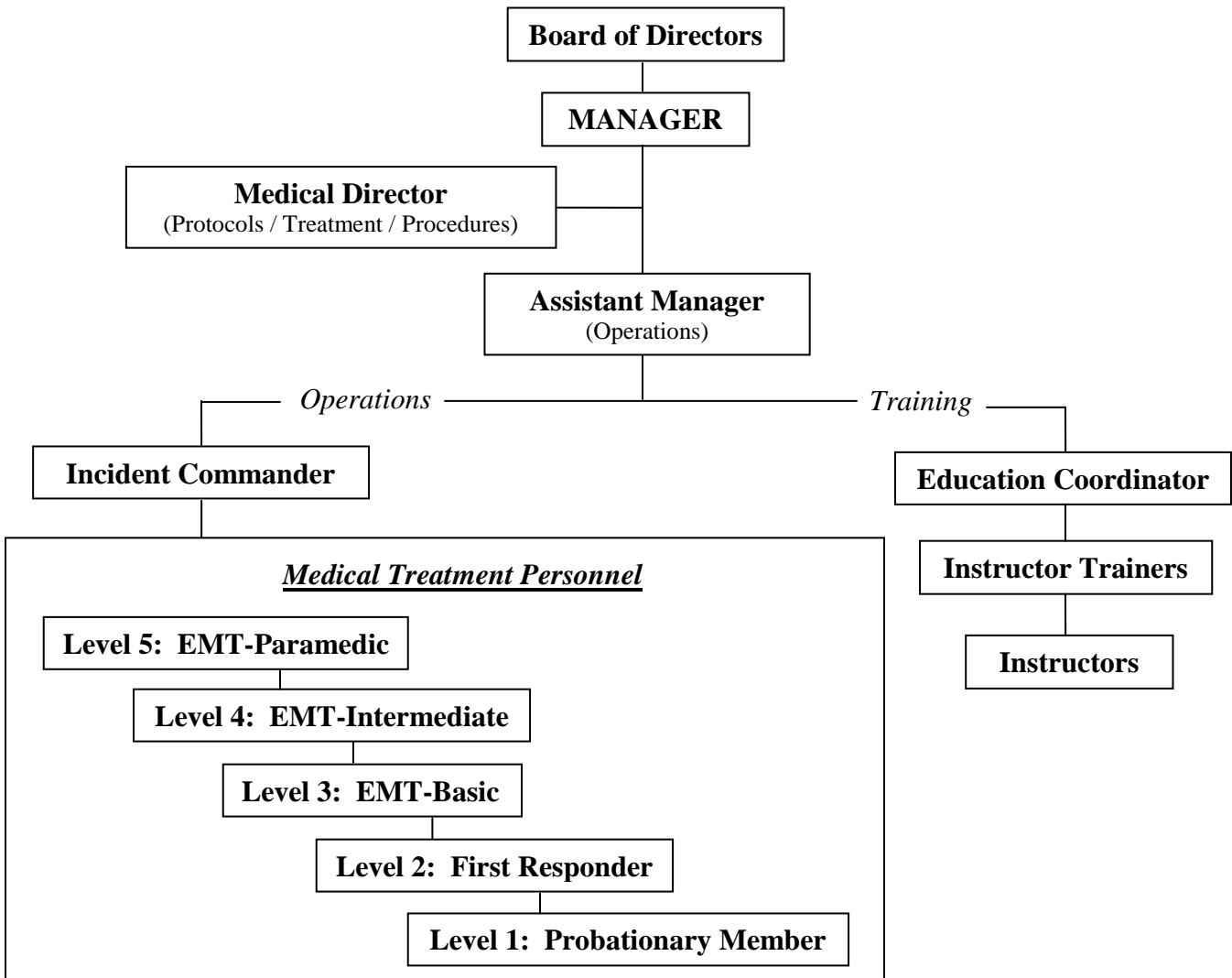
Other Requirements

All applicants are required to furnish a copy of the D.M.V. driving transcript and all pertinent EMS certifications (if applicable). The driving transcript must be acceptable under current laws and our insurance providers.

All members/employees, upon being hired, must complete an Employment Eligibility Verification form (I-9) as stated in Title 8, United States Code, Section 1324A.

Members are required to attend various continuing education and/or department training including monthly meetings and training sessions and others that may apply to maintain their certifications. Monthly meetings are normally held on the second Monday of every month.

Organizational Structure



Application for Membership/Employment

Last Name	First Name	MI	Social Security Number			
			-	-		
Present Address	City		State	Zip Code		
Telephone Number	Secondary Number		Cell Phone			
- -	- -		- -			
Email Address	Are you a previous Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes State: #:				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <small><i>Proof of U.S. Citizenship or immigration status will be required upon membership/employment.</i></small>						
Duty shifts are 12 hour shifts (6am-6pm and 6pm-6am). Which times would you be available for duty?						
MODAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
Are there any times when you are definitely NOT available for duty?			Do you live within 5 miles of Hawley? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are employed in Hawley, would your employer let you leave work to respond to a call? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Education (check highest completed). <input type="checkbox"/> High School <input type="checkbox"/> Vocational or Tech. School <input type="checkbox"/> College/University <input type="checkbox"/> Other:						
<i>Work History starting with your present or most recent job:</i>						
From:	Employer (Name, address, phone)	Name of Supervisor	Reason for leaving			
To:						
From:	Employer (Name, address, phone)	Name of Supervisor	Reason for leaving			
To:						
From:	Employer (Name, address, phone)	Name of Supervisor	Reason for leaving			
To:						
From:	Employer (Name, address, phone)	Name of Supervisor	Reason for leaving			
To:						

EMS Training Information

Training Level	Where	Successfully completed?	Date completed
First Responder		Yes No	
EMT-Basic		Yes No	
EMT-Intermediate		Yes No	
EMT-Paramedic		Yes No	
Other		Yes No	

Other Training	Where	Expiration Date	Provider/Instructor
CPR			<input type="checkbox"/> Heartsaver <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Instructor <input type="checkbox"/> Other
AED			<input type="checkbox"/> Heartsaver <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Instructor <input type="checkbox"/> Other
EVOC			<input type="checkbox"/> Provider <input type="checkbox"/> Instructor
BTLS / PHTLS			<input type="checkbox"/> Provider <input type="checkbox"/> Instructor
ACLS			<input type="checkbox"/> Provider <input type="checkbox"/> Instructor
PALS			<input type="checkbox"/> Provider <input type="checkbox"/> Instructor
NIMS/ICS			<i>Please list course #'s</i>
Other			

I do not have the required training but I agree to complete the qualifications for membership ASAP.

EMS Related Experience

(Other than what is listed in the Work History section)

Organization	Type	Description	Dates

EMS Certification/License

Certification	National Registry of EMT's Number	Expiration Date
First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Certification	Minnesota EMSRB Number	Expiration Date
First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Certification	North DOH-DEMST Number	Expiration Date
First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

Have you ever had a First Responder, EMT-B, EMT-I or EMT-P certification license denied, suspended and/or revoked:

No YES: Describe:

**** All applicants must produce original documents and allow H.E.R.T. to copy and attach to the application if membership/employment is offered and accepted.***

Criminal History

Do you have any felony convictions or have you pled "guilty" or "no contest" to any felony; any gross misdemeanor related to assault, sexual misconduct, or the illegal use of drugs or alcohol; or any misdemeanor related to sexual misconduct or the illegal use of drugs or alcohol, theft or any conviction involving bodily harm/injury?

No YES: *Please list*

Conviction	Jurisdiction	Date

Certain convictions will prevent you from being considered for membership/employment with H.E.R.T.

I understand the some convictions will prevent me from being employed by/a member with the Hawley Emergency Response Team and I may be terminated at any time if such convictions appear on my record.

Driver's License Requirements

I understand that I must be at least 18 years of age and have a valid United States driver's license before being considered for membership/employment. I understand that a current driver's license and a driving record that is acceptable to H.E.R.T. and its insurance carrier(s) is required for membership/employment. I also understand that I may be terminated at any time if my record changes and is no longer acceptable.

Please list all traffic violations (if speeding please list actual speed and posted limit):

Date	Offense	Jurisdiction

Has your driver's license ever been suspended or revoked? No Yes, Explain: _____

Do you have liability insurance on your personal automobile(s)? Yes No

Name of Insurance Company _____ Phone _____ - _____ - _____

References

Please list three individuals who are not related to you:

Name	Address	Phone Number

Volunteer Statement of Commitment

As a member/employee of the Hawley Emergency Response Team, Inc. I am willing, to the best of my ability, to make a commitment to:

1. Meet/achieve membership qualifications ASAP.
2. Take/pull at least 5 shifts per schedule (4 or 5 week schedules).
3. Attend membership meeting as scheduled.
4. Attend training sessions as scheduled.
5. Renew certifications when needed to stay "current".
6. Comply with the By-laws, policies and procedures of the Corporation.
7. Adhere to the acceptable practices of confidentiality of the Corporation and all applicable laws.
8. Adhere to the ethical treatment of all patients as accepted by H.E.R.T. and the EMS profession.
9. Adhere to the "standards of care" as accepted by H.E.R.T. and the EMS profession.

As a member, I understand that I am a part of the staff of Hawley Emergency Response Team, Inc. and therefore, I can be requested to resign or my employment/membership may be terminated by the Board of Directors and/or Manager. Causes for termination from H.E.R.T. include but are not limited to:

1. Failure to comply with the By-laws of the Corporation.
2. Failure to comply with the policies/procedures of the Corporation.
3. Failure to complete the required training programs to maintain current certifications.
4. Breach of confidentiality.
5. Unethical behavior.
6. Unwillingness to follow directions of the Officers or Manager(s).
7. Failure to attend monthly meetings/training sessions.
8. Failure to take the minimum amount of "duty shifts" per schedule.
9. Other reasons as applicable.

Signature

Date

Application Agreement and Release

By signing this application for membership/employment, I certify that the statements, answers and all information contained in this application are true and correct without intentional omissions of any kind whatsoever to the best of my knowledge. I also agree that if it is determined by H.E.R.T. that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for membership/employment or dismissed after employment/membership and agree that H.E.R.T. and/or it's Officers and/or Manager(s) or persons acting on behalf of H.E.R.T. shall be released of any liability related to any investigation of information contained in the application, any related documents and any interview information.

I hereby authorize the investigation including, but not limited to, my background and character including criminal background and all information contained in this application. I authorize the individuals, companies, schools and any others listed in this application to provide any information they may have regarding me whether or not it is their records and I hereby release them from all liability for damages in providing this information.

If a conditional offer of employment/membership is made, employment/membership is contingent upon satisfactory completion of all pre-employment procedures. I also understand that acceptance of an offer of membership/employment does not create any type of contract for employment/membership.

I further verify that I have read/reviewed all parts of this application and do/will comply with the qualifications and understand that failure to comply with the By-laws, policies, procedures, rules, regulations, duties and directives listed in this application and/or listed in the department records can result in my immediate dismissal/termination of employment/membership with H.E.R.T.

I understand that if I am accepted as a employee/member, I will be required to provide satisfactory proof of identity and legal work authorization within a reasonable amount of time. Failure to submit such proof in a reasonable amount of time shall result in immediate termination of employment/membership.

If H.E.R.T. decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize H.E.R.T. to do so. If a report is obtained H.E.R.T. must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I agree that I have read and fully understand the information contained in this application and hereby seek membership/employment under these conditions.

Signature

Date

Date application received: _____ Date of interview: _____

Interviewed by: _____

Recommended action: Approve/Hire Do NOT Approve/Hire Hold, Reason:

Final Board of Directors Action: Approved/Hired, Date: _____ Denied, Date: _____
As a probationary member

H.E.R.T. Officer Signature

Date

Member Resigned, Date: _____
Attach documents

Employment/Membership Terminated, Date: _____
Attach documents

H.E.R.T. Officer Signature

Date