



Southeastern Minnesota Emergency Medical Services

1130 ½ Seventh Street NW • Suite 201 • Rochester, MN 55901
 1-800-850-3397 • 507-536-9333 • Fax: 507-536-9337 • www.seems.com

We appreciate your interest in seeking employment with the Southeastern Minnesota Emergency Medical Services. Completing this application will assist us in understanding your work history and educational background. Southeastern Minnesota Emergency Medical Services is an Equal Opportunity employer who values diversity. The Southeastern Minnesota Emergency Medical Services follows the principles of non-discrimination in employment, complying with all federal, state and local laws and expects all Southeastern Minnesota Emergency Medical Services employees to comply with such laws. Please contact us if you need assistance in completing this application due to a disability or language difficulty.

Send completed application to: Don Hauge, SE Minnesota EMS, 1130 ½ 7th St. NW, Suite 201, Rochester, MN 55901 or Email to: don.hauge@seems.com

Applications are accepted only for the job posted and **MUST BE POSTMARKED** or emailed by July 25, 2023.

POSITION APPLYING FOR SE Minnesota EMS Education Coordinator	DATE OF APPLICATION
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LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	Number	Street
	City	State
	Zip Code	
TELEPHONE NUMBER(S)		
Home ())		Business ())

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED? YES No NAME OF HIGH SCHOOL ATTENDED:

NAME AND LOCATION OF COLLEGE, TECHNICAL, MILITARY, PROFESSIONAL, BUSINESS, TRADE OR OTHER SCHOOL	DATES ATTENDED	DEGREE/CERTIFICATE OBTAINED	MAJOR/ MINOR

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME RECORD.
START WITH PRESENT OR MOST RECENT EMPLOYER.

BE COMPLETE. Experience and training ratings are determined by the information you provide on this form and your score is based upon it. **DO NOT WRITE "SEE RESUME."** Account for ALL your work on this form. Include volunteer experience.

1	EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	ADDRESS	DATES FROM		TO
	SUPERVISOR'S NAME AND TITLE	WAGES START		END
	YOUR JOB TITLE	REASON FOR LEAVING OR DESIRE TO LEAVE		
	DESCRIPTION OF MAJOR DUTIES			

2	EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	ADDRESS	DATES FROM		TO
	SUPERVISOR'S NAME AND TITLE	WAGES START		END
	YOUR JOB TITLE	REASON FOR LEAVING OR DESIRE TO LEAVE		
	DESCRIPTION OF MAJOR DUTIES			

3	EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	ADDRESS	DATES FROM		TO
	SUPERVISOR'S NAME AND TITLE	WAGES START		END
	YOUR JOB TITLE	REASON FOR LEAVING OR DESIRE TO LEAVE		
	DESCRIPTION OF MAJOR DUTIES			

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.

Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK ALL THAT APPLY) ___PC ___IT ___Word Processing/WPM_____
Software (list) _____

Licenses/Certifications/Awards _____
State any additional information you feel may be helpful in considering your application.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ Yes ___ No

REFERENCES

1. _____
(Name) (Phone #)

(Address)
2. _____
(Name) (Phone #)

(Address)
3. _____
(Name) (Phone #)

(Address)

Background Check Consent Form

Southeastern Minnesota EMS

1130 ½ 7th Street NW, Suite 201

Rochester, MN 55901

(507) 536-9333

Date: _____ Position Applying for: _____

The following named individual has made application with the Southeastern Minnesota EMS.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (Full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (M or F) _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Southeastern Minnesota EMS for purpose of employment with this agency as pursuant to Minnesota State Statute 299C.72.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.99 on data privacy requires that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, and Racial/Ethnic Data.

This means the data is available only to you and the Southern Minnesota Emergency Medical Services who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data is voluntary. Refusal to supply other requested information may mean your application may not be considered.

Your name will become public data when you are certified as eligible for a vacancy. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are hired by Southeast Minnesota Medical Services. This application form is general in nature and may be augmented by a request for further information more specific to the position for which you are applying. All materials submitted in support of your application become the property of Southeast Minnesota Emergency Medical Services and cannot be returned.

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION IN EMPLOYMENT

Southeastern Minnesota Emergency Medical Services will not discriminate against or harass, nor permit the discrimination against or harassment of, any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Any employee of the SE MNEMS or contractor to the SE MNEMS, who does not comply with the Equal Employment Opportunity policies and procedures as set forth in this statement and plan will be subject to disciplinary action and/or appropriate legal sanctions. You have the right to complain if you feel you have been discriminated against because of race, color, national origin, religion, sex, sexual orientation, age, marital status, public assistance or because of communicative, physical, mental or emotional disability. Complaints may be registered with: Executive Director, 1130½ Seventh Street NW, Suite 201, Rochester, MN 55901, (507) 536-9337.

APPLICANT CERTIFIES

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I further understand that certain positions requiring professional licenses will require extensive verification of licensure and qualifications.

I authorize Southeastern Minnesota Emergency Medical Services to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Southeastern Minnesota Emergency Medical Services information they may have regarding me. In consideration of SE Minnesota Emergency Medical Services review of this application, I release Southeastern Minnesota Emergency Medical Services and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Southeastern Minnesota Emergency Medical Services rules and regulations and understand that, unless otherwise specifically agreed to in writing, I have the right to terminate my employment at any time and that the SE Minnesota Emergency Medical Services has the same right. I understand that no personnel recruiter, interviewer or other representative of the SE Minnesota Emergency Medical Services other than the Executive Director or the Joint Powers Board has any authority to enter into any agreement for employment for any specified period of time. I understand nothing contained in this application or in granting of an interview, creates a contract between Southeastern Minnesota Emergency Medical Services and myself for either employment or for the providing of any benefit. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract and further, that such manuals or handbooks may be modified at any time at the sole discretion of the Southeastern Minnesota Emergency Medical Services.

I understand that during my evaluation period, I agree to complete a medical questionnaire that will be reviewed by designated medical professional. At the discretion of that professional, I agree to undergo a medical examination. Southeastern Minnesota Emergency Medical Services has a written drug and alcohol testing policy which provides, in part, that job offers may be contingent upon an applicant passing the test during the evaluation period. A copy of the entire policy is available for inspection during regular business hours.

I also understand that, upon acceptance of employment, a one-year evaluation period applies before transferring to regular employment status.

Signature _____ Date _____

An Equal Opportunity Employer

Instructions: Your experience and training will be evaluated and scored to determine if you are suited for this position. Describe your experience and training in further detail. (Use additional paper if necessary)

1. Please describe your EMS or Healthcare work experience.
2. Please describe your experience with teaching EMS related classes.
3. Please describe your experience working with Microsoft Word, PowerPoint and Excel programs.
4. Please describe your experience in coordinating EMS related classes (i.e. Developing curriculum, organizing paperwork/books, finding instructors, site logistics, working with EMSRB)
5. Please explain why you think you are the best person for the SE EMS Education Coordinator position.

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Email to: don.hauge@seems.com**

APPLICATIONS MUST BE POSTMARKED OR EMAILED BY JULY 25, 2023