



Employment Application

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

If you have any questions about the hiring process or this application, please contact:

[hiring@skamaniaems.com](mailto: hiring@skamaniaems.com)

YOU MAY RETURN APPLICATIONS AS FOLLOWS:

In Person or Via Postal Mail

Skamania County EMS & Rescue
253 SW First Street PO BOX 338
Stevenson, WA 98648

Via Electronic Mail

[hiring@skamaniaems.com](mailto: hiring@skamaniaems.com)

(must be submitted as a PDF)

EMPLOYMENT APPLICATION CHECKLIST

The following list represents documents that need to be included with your application. Please submit clear, true, copies, ***not the original document or record***. Complete and return this checklist with your application.

Applications will not be considered if required documents are not included.

✓	REQUIRED DOCUMENTS
	Valid, State Issued Driver License
	Abstract Driving Record (less than 30 days old)
	Education records, which may include: <ul style="list-style-type: none"> • High School Diploma – <i>or</i> – • GED – <i>or</i> – • Course/College Transcripts for EMS Certification
	State EMS Certification
	AHA CPR for the Professional Rescuer and/or Healthcare Provider BLS Card
	National Registry EMS Certification
	NIMS Documentation
	Background Check and Criminal History Supplement Form: <ul style="list-style-type: none"> • WSP Background Check Authorization Form • Criminal History Information Supplement Form • Reference Authorization Check
✓	OPTIONAL DOCUMENTS
	Resume
	Certifications that are supplemental to the required items and may be listed in your education or work history as applicable to the position

Employment Application

Date received: _____

APPLICANT INFORMATION (IF SUBMITTING A PRINTED COPY APPLICANTS MUST PRINT NEATLY)											
Last Name			First			M.I.		Birthday			
Street Address						Apartment/Unit #					
Mailing Address											
City				State			ZIP				
Phone				E-mail Address							
Alternate Phone			Date Available To Start								
Mark all positions applying for:		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Volunteer		<input type="checkbox"/> EMT		<input type="checkbox"/> AEMT	<input type="checkbox"/> PARAMEDIC
		<input type="checkbox"/> Other (Administrative Positions)									
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 or volunteered for SCEMS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do you have one or more moving violations in the last two years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Do you have any criminal driving citations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION (ATTACH ADDITIONAL PAGES AS NEEDED)											
High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From <small>Click or tap here to enter</small>	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College/ Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
PREVIOUS EMPLOYMENT (LIST ALL EMPLOYEERS, ATTATCH ADDITIONAL PAGES AS NEEDED)											
Company				Phone							
Address				Supervisor							
Job Title			Starting Salary (OPTIONAL)		\$		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"/>							

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE			
<p>I certify, under penalty of perjury, that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment with Skamania County Public Hospital District #1, (dba: SCEMS), as necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" relationship and may not be changed by any written document or by any conduct unless such changes are specifically acknowledged in writing by an authorized administrator for or by the Board of Commissioners of Skamania County Public Hospital District #1.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from employment or termination of any offer of employment. I also understand that I am required to abide by all rules and regulation of the agency.</p>			
Signature		Date	
Print Name:			

Please attach the following to your application (applications will not be considered if requested documents are not submitted with application):

- 1. Signed Background Check Authorization**
- 2. A copy of your current driver's license.**
- 3. A copy of any certification or cards you have listed in your educational experience or certification letter attesting to completed training.**
- 4. A copy of your proof of high school graduation or GED or proof of higher education which would only be obtainable following graduation from high school or receipt of a GED**
- 5. Any other documents you feel are pertinent to your potential employment with SCPHD#1**

A résumé may be attached but will not be accepted in place of this application.

Washington State Patrol Criminal Background Check

The Child/Adult Abuse Information background check response is limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. Skamania County Public Hospital District dba Skamania County Emergency Medical Services shall use this record only in making the initial employment decisions. Further dissemination of the record is prohibited without written permission from the applicant (see Criminal History Information Supplement).

Instructions

1. **Applicants must complete all items in this section.** Type or print clearly in ink.
2. **Submit with job application.**

Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

APPLICANT OF INQUIRY

Applicant's Name: _____
Last, First, Middle

Alias/Maiden Name: _____

Date of Birth: _____ Drivers Lic Number/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

Signature

Criminal History Information Supplement-

Self-Disclosure Form and Authorization for Repeat Background Checks and Dissemination of Results

Criminal History Information Supplement Child/Adult Abuse Information Act RCW 43.43.830-43.43.842

Name: _____
Last, First, MI

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of any crime against children or other persons?

- Yes If yes, specify _____
 No

RCW 43.43.830 (5) "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any other crimes as they may be renamed in the future."

Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?

- Yes If yes, specify _____
 No

RCW 43.43.830 (6) "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery; or any of these crimes as they may be renamed in the future.

RCW 43.43.830 (9) "Vulnerable adult" means "vulnerable adult" as defined in chapter 74.34 RCW, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves.

RCW 74.34.020 (8) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself.

RCW 43.43.830 (10) "Financial exploitation" means the illegal or improper use of a vulnerable adult of that adult's resources for another person's profit or advantage.

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

- Yes If yes, specify _____
 No

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

- Yes If yes, specify: _____
 No

Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

- Yes If yes, specify: _____
 No

Have you ever been found by a court of law in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

- Yes If yes, specify: _____
 No

I certify, under the penalty of perjury, that the statements above are true and correct.

Signature

Date

Certification Concerning Criminal History outside the State of Washington

I certify, under the penalty of perjury that I have not been convicted of any of the above-listed crimes or had findings against me concerning the above listed proceedings outside the State of Washington.

Signature

Date

If you cannot so certify, please specify why not: Click or tap here to enter text.

Authorization for Repeat Background Checks and Dissemination of Results

I authorize repeat background checks and dissemination of my self-disclosure information, background check results, and conviction records. I understand that Skamania County Public Hospital District will provide the records listed above only with the condition that the receiving party or parties will be notified by Skamania County Public Hospital District that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

Signature

Date

Dissemination of Self-Disclosure Information, Background Check Results, and Conviction Records

These records are provided to you pursuant to the above release signed by _____ (applicant) with the understanding and on condition that, you not release these records to any other person or institution or entity without the further consent of _____ (applicant).



**SKAMANIA EMERGENCY MEDICAL SERVICES & RESCUE
SKAMANIA COUNTY PUBLIC HOSPITAL DISTRICT**

253 SW First Street • PO BOX 338 • Stevenson, Washington 98648

Office: 509-427-5065 Fax: 509-427-2767 Email: info@skamaniaems.com

CONSENT AND AUTHORIZATION TO CHECK REFERENCES

I _____ have applied for employment with the Skamania County Public Hospital District (herein after Skamania County EMS) and have provided information about my current and/or previous employment. I authorize Skamania County EMS to conduct a reference check with my present and or previous employer(s). I understand that this reference information may include, but not be limited to verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary information and employment history.

My signature below authorizes my current or former employer(s) and references to release information regarding my employment record with their organization, and to provide any additional information that may be necessary for my application for employment to Skamania County EMS; whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Skamania County EMS from any and all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications, and my suitability for employment with Skamania County EMS.

This form may be photocopied or reproduced as a facsimile or scan, and these copies will be as effective as a release or consent, as the original I sign.

Name (full, legal): _____

Cell Phone: _____

Email: _____

Signature: _____ Date: _____

Skamania EMS & Rescue Physical Ability Test

Skamania EMS & Rescue (expressed as “SCEMS” for the remainder of this document), has developed a Physical Ability Test (expressed as “PAT” for the remainder of this document) designed to simulate specific components of EMS rescue field work, and ascertain your ability and footing on rough terrain. This test will be used to measure the physical ability of candidates that wish to join SCEMS in any and all operational job classifications. Prior to testing, a verbal orientation of the test will be scheduled for all interested, but will not be required.

THIS IS A TIMED TESTING PROCESS WITH A MAXIMUM ALLOWED TIME OF 90 MINUTES. THE OVERALL MILEAGE OF THE TEST IS APPROXIMATELY 2.2 MILES ROUND TRIP, WITH SIGNIFICANT ELEVATION GAIN, AND WHILE CARRYING A GEAR BAG THAT WEIGHS +/- 45 POUNDS.

Throughout all events, you should wear comfortable clothing (shorts or trail pants), and must have appropriate footwear with no open heel or toe. Hiking boots are recommended, or running/trail shoes designed for trail use. **Loose or restrictive jewelry is not permitted.**
Trekking poles are allowed if you wish.

This event is designed to obtain a basic assessment of your physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety, and validity in measuring your physical abilities.

To ensure the highest level of safety and to prevent exhaustion, **no running is allowed**, rather this test is designed as a “trek” up and along a designated hiking trail in the Columbia River Gorge.

The following situations will result in disqualification and end of testing:

Running at any point in the testing.

Exceeding the maximum allowed time of 90 minutes.

Note: Time and distance is approximate. Skamania EMS & Rescue reserves the right to modify or adjust the location and timing of this test.



SKAMANIA EMERGENCY MEDICAL SERVICES & RESCUE

SKAMANIA COUNTY PUBLIC HOSPITAL DISTRICT

253 SW First Street • PO BOX 338 • Stevenson, Washington 98648

Physical Agility Testing / Participant Release

Participant Information

Full Legal Name: _____

Date of Birth: _____ Phone #: _____

Address (Street): _____

City/State/Zip: _____

Mailing Address (if different than above): _____

City/State/Zip: _____

Program Information

Skamania EMS & Rescue (expressed as “SCEMS” for the remainder of this document), has developed a Physical Ability Test (expressed as “PAT” for the remainder of this document) designed to simulate specific components of EMS and rescue field work. This test will be used to measure the physical ability of candidates that wish to join SCEMS in any and all job classifications, including volunteer positions. Prior to testing, a walkthrough orientation of the test will be scheduled for all interested, but will not be required.

There are inherent risks involved in the type of work provided by SCEMS, and in general, with any public safety agency. All test participants are required to fully read, understand, and agree to the instructions and waivers included as a part of this program material.

Waiver, Photo Release and Consent to Participate

I _____, hereby acknowledge that I have made a request of SKAMANIA EMS & RESCUE to be participate in the Physical Agility Test proctored by SKAMANIA EMS & RESCUE, while operating under the direction of and by SKAMANIA EMS & RESCUE personnel. I have read the above and included SKAMANIA EMS & RESCUE testing guidelines and I agree to abide by them. I understand that a violation of any of the above policies is grounds for termination of my participation in the testing process. I also consent to the use of my photograph, name, and address by SKAMANIA EMS & RESCUE to publicize and make reports about their public safety program.

I hereby personally assume all risks in connection with such participation in this testing process, and I further release SKAMANIA EMS & RESCUE, its elected and appointed officials, employees, agents and volunteers in all and every respect, for harm, injury, or damage which may befall me. I further agree to save and hold harmless SKAMANIA EMS & RESCUE its elected and appointed officials, employees, agents and volunteers from any claim by me, or my family, estate, heirs, or assigns, arising out of or in connection with any participation by me in this SKAMANIA EMS & RESCUE program.

These rights specifically pertain to any injuries to the undersigned while he/she is a participant in the Physical Agility Testing proctored by SKAMANIA EMS & RESCUE.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood, and received a copy of this document; that he/she is 18 years of age or older; and that he/she is fully aware of the risks inherent in participating in the Physical Agility Testing. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

I have fully informed myself of the contents of this Release and Hold Harmless Agreement by reading it before I sign it.

Dated this _____ day of _____, 20 ____

Printed Name

Signature

Printed Witness Name

Signature of Witness

OFFICE USE ONLY:

Testing
Date: _____

Testing
Location: _____