

# CHAFFEE COUNTY EMERGENCY MEDICAL SERVICES

P.O. Box 699  
10364 County Road 120  
Salida, Colorado 81201  
(719) 539-1914  
(719) 539-8688 FAX

Dear Prospective Member:

Thank you for your interest in Chaffee County Emergency Medical Services (CCEMS). We hope that you find your experience with CCEMS to be fun, informative and fulfilling.

Chaffee County EMS prides itself on the professional, compassionate and quality care that is provided by our EMS professionals. We operate around the values of safety, teamwork, responsibility/accountability, and most importantly patient advocacy. It is felt that these values are what set CCEMS apart as a quality organization. It is our goal to provide every member with a positive and constructive environment in which they can succeed. However, it should also be recognized that each individual member and prospective member plays a vital role in this process. This is what makes us a team.

If you have any questions, please don't hesitate to contact either of us at the number listed.

Once again, thank you for your interest. We look forward to meeting with you in the near future.

Sincerely,

Lisa Ortega, EMT-P  
CCEMS Manager

Josh Hadley, EMT-I  
CCEMS Manager

# CHAFFEE COUNTY EMERGENCY MEDICAL SERVICES

## WHAT IS CHAFFEE COUNTY EMS?

Chaffee County Emergency Medical Services (E.M.S.) is dedicated to providing quality care to all citizens of, and visitors to Chaffee County. The organization is a county owned and operated ambulance service that provides the following:

- Basic/Advanced Life Support Emergency Medical Care
- Basic/Advanced Life Support Ambulance Transport Services for 911 calls throughout Chaffee County and as requested by neighboring jurisdictions
- Basic/Advanced Life Support Ambulance Transfer Services for patients between definitive care facilities
- Flight crew and patient transfer services for patients who are being transferred to definitive care via fixed wing aircraft

Chaffee County EMS owns and operates six advanced life support ambulances from our facilities in Salida and Buena Vista. CCEMS employs full time and part time personnel for special event standby coverage, interfacility transfers, and for 24 hours shifts using both the standard Kelly shift and the modified Kelly shift rotations.

## MEMBERSHIP ENTRY REQUIREMENTS

- Must be at least 18 years of age
- Must have a minimum of a high school diploma
- Minimum Colorado certified EMT-Basic
- Must have a current BLS/CPR Card (ACLS and PALS are required for EMT-I and EMT-P in order to function independently)
- Good Driving Record
- No Previous Felony Convictions
- Must pass pre-employment physical and wellness screening including drug testing

## ON-GOING MEMBERSHIP REQUIREMENTS

### ALL MEMBERS

- Maintain Colorado EMT-B/I/P certification
- Maintain BLS/CPR certification (ACLS/PALS for EMT-I and EMT-P members)
- Provide service in accordance with CCEMS Standard Operating Guidelines and within established medical protocols.

### PART TIME PERSONNEL:

- Provide a minimum of 48 hours per month of availability.



# CHAFFEE COUNTY E.M.S.

## MEMBERSHIP EMPLOYMENT APPLICATION

Please attach current resume. Resumes submitted without this application will not be considered. Chaffee County is an equal opportunity employer.

<b>EDUCATION INFORMATION</b>
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High School Graduate: YES \_\_\_\_\_ No \_\_\_\_\_  
 Last Grade of Education Complete: HS Diploma \_\_\_\_\_ Associates \_\_\_\_\_  
 Bachelor's \_\_\_\_\_ Graduate Degree \_\_\_\_\_

Institution	From	To	Area of Study	Degree Received

<b>WORK HISTORY</b>
Please list employers for the last 3 jobs starting with the most recent.

Employer: _____	Dates employed: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: ( ) _____	Ending salary: _____
Last manager's name and title: _____	
Reason for leaving: _____	
Employer: _____	Dates employed: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: ( ) _____	Ending salary: _____
Last manager's name and title: _____	
Reason for leaving: _____	
Employer: _____	Dates employed: _____
Address: _____	City: _____ State: _____ Zip: _____
Telephone: ( ) _____	Ending salary: _____
Last manager's name and title: _____	
Reason for leaving: _____	

Do you belong to any professional or trade groups or other organizations that you consider relevant to your ability to perform this job \_\_\_\_\_  
 \_\_\_\_\_

<b>REFERENCES</b>
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Please list three personal references. These individuals must have known you for at least one year.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE**

The statements on this application are true and correct to the best of my knowledge. I understand that all information in this application is subject to verification. I also understand that knowingly falsifying information on this application is grounds for application rejection and/or termination of membership employment. I further authorize Chaffee County EMS to conduct a general background check including but not limited to a Motor Vehicle Report and Criminal Background Check.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_