



December 15, 2020

City of Jordan and Ridgeview announce EMT positions available on City of Jordan Ridgeview BLS Ambulance

EMTs needed:

An EMT is a person who is trained to give emergency medical care at the scene of an accident or in an ambulance. An EMT in position will serve on-call between 40 and 60 hours each month.

Training will be provided for those who are not EMT certified but willing to obtain the certification. EMTs are paid an on-call wage and an hourly wage when responding to calls.

EMT qualifications/requirements

- Desire to contribute to your community
- At least 21 years of age
- Certified as an EMT for the state of Minnesota, or willingness to obtain certification
- Holds a valid Class D driver's license and a good driving record
- Lives or works in the community (within five miles of the Jordan Fire Department station)
- Certified in AHA basic life support, or willingness to obtain certification
- Successful completion of a job interview and pre-employment screening

EMT Ongoing Requirements

- Maintain EMT/CPR certification
- Maintain Ridgeview Ambulance continuing education requirements
- Maintain a favorable driving record

For information about the city of Jordan and Ridgeview partnership or opportunities to serve as a Ridgeview EMT in Jordan, please contact either:

Tom Nikunen, Jordan City Administrator, at tnikunen@jordanmn.gov or 952-492-7934

Darel Radde, Director of Ridgeview Ambulance, at darel.radde@ridgeviewmedical.org or 952-777-5513

Job applications may be obtained at the City of Jordan website, <https://jordanmn.gov/city-jobs/>, under the City Jobs tab, select "Application of Interest EMT".

Estimated Application Deadline: Monday, January 4.

CITY OF JORDAN

210 East First Street
Jordan, MN 55352
952-492-2535



Application of Interest – EMT Trainee

APPLICANT INFORMATION			
Last Name	First Name	Middle Name	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for:			
Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> YES, with reasonable accommodation			
Are you over 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you legally eligible to work in the U.S.? (If offered employment, you will have to provide proof of your eligibility.) YES <input type="checkbox"/> NO <input type="checkbox"/>	
STATEMENT OF INTEREST: Give a brief statement of why you are interested and feel qualified for the position:			
<hr/> <hr/> <hr/> <hr/> <hr/>			
EDUCATION/TRAINING			
High School		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
Post-Secondary		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
Post-Secondary		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
Post-Secondary		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
List academic honors you received or extracurricular activities in which you participated during school:			
<hr/> <hr/> <hr/> <hr/> <hr/>			

PREVIOUS EMPLOYMENT

Please list your employment history for the **past ten (10) years**. Begin with most recent employment. Attach additional pages if necessary. Fill in all of the wage detail or your application will be downgraded.

Company

Phone ()

Address

Supervisor

Job Title

Starting Wage

\$

Ending Wage

\$

Responsibilities and weekly hours worked:

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES

NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Wage

\$

Ending Wage

\$

Responsibilities

From

To

Reason for Leaving

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Address

Supervisor

Job Title

Starting Wage

\$

Ending Wage

\$

Responsibilities

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To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES

NO

OTHER: Please account for any period of unemployment of at least 30 days and/or part-time employment not listed above.

Have you ever been involuntarily terminated from employment? YES NO If yes, state name and address of company and reason for termination.

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REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

SPECIAL SKILLS

Please identify any special skills, licenses, certifications, other education, training, or other information that you wish to be considered:

APPLICANT SIGNATURE: _____