

8/22/2019

SALARY SCHEDULE FOR EMS

Paramedic - \$49,536

Advanced EMT - \$38,000 - \$42,000

Basic - \$27,104

Starting in September, Terrell County EMS begins a schedule of 3 days on and 3 days off with days beginning at 8:00am.

Terrell County EMS is a small department that runs one crew. Terrell County offers health insurance and retirement for full-time employees.

Please see the following information from our *Personnel Policy Manual* for more information.

At this time, please do not call for more information. Someone will get with you if an interview is necessary. Submit an application (required) and resume (if you wish).

Regular Full-time EMS Employee

3. Regular full-time EMS employees shall be paid a weekly salary for every week of his or her employment with Terrell County which salary shall be set at the time of employment, or at any other time as adjusted by the Commissioners Court. Employees shall be paid biweekly on the same dates as the regular County payroll, calculated on a weekly "salary basis" for each 7-day work week of the pay period. The pay will cover up to 40 hours of actual service hours worked during each 7-day work week. On-call time is not paid time.
4. Employees are required to be on-call for 24 hours each scheduled work day. Employees who are on-call shall be required to check the ambulance one time per day to insure that adequate supplies are on the ambulance, and to start the ambulance engine. Employees who are on-call are free to use his or her time as he or she pleases (except to drink alcohol or take prescription drugs that impede his or her ability to make service runs); however, on-call employees must carry a radio or pager to insure that he or she can be reached within the town limits of Sanderson. The employee must insure that his or her response time to the EMS barn is less than five (5) minutes from the time of the initial dispatch for an ambulance crew.
5. Employees are waiting to be engaged to work; and, therefore, the on-call hours are not considered hours worked per FLSA 29 C.F.R. Section 785.17. Employees must account for all service hours actually worked on his or her payroll timesheets. On-call hours are not accounted for on the timesheet. Employees must check the box on the timesheet for each day the employee has been on-call for Terrell County for tracking purposes only.
6. Because EMS employees are paid a weekly salary for every week of his or her employment, EMS employees are not entitled to sick leave or holidays. If an employee is sick on a day when he or she is scheduled to work, the employee shall notify the EMS Director who may allow the employee off for the day. Thereafter, the employee must work one of his or her regularly scheduled days off as directed by the EMS Director to repay his or her sick day. In the sole discretion of the EMS Director, the EMS Director may require a medical excuse.

After 180 days of employment with Terrell County, EMS regular full-time employees shall accrue a total of six (6) days of vacation each year, and four (4) personal leave days to be used at the discretion and as needed by the employee. EMS employees must use vacation or personal leave within the calendar year in which it is accrued. EMS employees are not allowed to carry over unused vacation or personal leave from calendar year to calendar year.

Regular Full-time EMS employees are eligible for retirement benefits through Texas County and District Retirement System, the County's Group Medical Insurance benefits and any longevity pay to which he or she may be entitled under the terms of the Terrell County longevity policy.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? Yes No PHONE NO. APARTMENT NO.

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO.

ARE YOU EITHER A U.S. OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU TO THIS COMPANY _____ EMPLOYMENT AGENCY _____ NEWSPAPER ADVERTISEMENT _____ Other _____

STATE EMPLOYMENT OFFICE _____ COLLEGE PLACEMENT SERVICE _____ WALKED IN _____

FRIEND _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

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WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

SERVICE RECORD

BRANCH OF SERVICE DISCHARGE DATE RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES DATE OBLIGATION ENDS

SPECIAL RECORD

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED.

☐ A **BOX PRECEDING** A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSION REASONS.

☐ Height _____ feet _____ inches

Are you a U.S. citizen? ____ Yes ____ No

☐ Weight _____

Date of Birth* _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on basis of age with respect to individuals who are at least 40 years of age

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YOU CAN, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

☐ WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

☐ WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

☐ HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO DESCRIBE

☐ _____

☐ I understand and agree that I may be required to take one or more: physical examination: lie detector, test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ____ Yes ____ No.

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.

____ Yes ____ No

* You will not be denied employment solely because of a convicted record, unless the offense is related to the job for which you have applied

AUTHORIZATION

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUND FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED FOR DEPT.

POSITION

SALARY
WAGES

WILL REPORT

APPROVED: 1

EMPLOYMENT MANAGER

DATE

APPROVED: 2

DEPARTMENT MANAGER

DATE

APPROVED: 3

GENERAL MANAGER

DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INQUIRY TOPS Form No. 3287 Employee's Record File contains a section for this purpose, while also serving as a means for up date of employment status changes and to hold all employment forms.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.