

Calhoun County EMS

911 Emergency Service Provider

NOW ACCEPTING APPLICATIONS

Through Thursday, April 17, 2025

For EMT-B, AEMT, & Paramedic

Full and Part-Time Positions Available

Equipment:

- 7- Frazer Type I, 14' BIG BOX Units, mounted on Dodge 4500 Chassis
- 2019 Ford Transit Van (Transfer Unit)
- Special Response Unit 1 (Disaster/Event Trailer)
- Special Response Unit 2 (Special Response Vehicle, a Kubota ATV & Trailer)
- Supervisor Unit- 2024 Dodge Durango
- Life Pak 35's (fully loaded monitors)
- 15 lead transmitting capabilities
- Lucas Devices
- Stryker Power-load Stretchers with Auto-load
- Bariatric Capable Units
- paraPAC plus ventilators with CPAP
- Video Laryngoscopy
- Point of Care Ultrasound Units
- ESO Report system
- MDIS mapping with GPS navigation software
- eDispatches
- Low Titer O+ Whole Blood
- IV Pumps

Facilities:

Central Station (in Port Lavaca), built in 2011, offers many modern conveniences with 6 truck bays, two dorm rooms, housing 6 personnel each, a training center, conference room, reception area, crew office, crew lounge, kitchen, bathrooms with walkin showers, laundry facility, Internet, cable TV, airconditioned workout facility, a designated supply room, a maintenance room, and ample parking.

South Station (in Seadrift) was built in 2017 with amenities that include 2 truck bays, crew office, crew lounge, kitchen, bathroom with a walk-in shower, laundry facilities, internet, cable TV, two dorm rooms housing a total of 4 personnel, workout equipment, and a maintained duck/fish pond with deer that occasional make an appearance in the morning.

Calhoun County First Responder Training Facility

Coming this year, a state-of-the-art training building with classroom and skills area located on the Central Station Campus.

Schedule:

48 on 96 off shift schedule Paid Call days 1-2 per month

Coverage Area:

All of Calhoun County
Over 520 square miles
Running approximately 3400 calls per year
Providing support for 1 volunteer ALS provider (with
transport capability) and 4 volunteer FRO's Mutual Aid
with Victoria, Jackson, & Refugio Counties

Special Assignments:

Football Game Coverage
Special Event Coverage
Vehicle Maintenance
Instructor for the CCEMS Rural CE Program
Instructor for CPR & Stop the Bleed
TEMS Team-TCCC
Special Committees

CCEMS Training & C.E. Program

Monthly Department Wide Training Meetings Quality training with guest educators In-House CE/Online web-based CE training Virtual Reality Simulator Program Various Skills Manikins Simulator Manikin (SimMan)

Benefits provided:

Vacation, Sick Time & Holiday paid time off All uniforms County retirement (2-1 match at 7%) Employee Health Insurance

Paths to Advancement:

Supervisors, Crew leaders, Training officers, Lead Medics, Maintenance officers, and Public Information Officers.

Pay:

Paramedics earn \$20.43-22.92 per hour,
(approx. \$68,000-76,000 yearly)
*dependent on experience & extra duty assignments
\$220 Stipend for Long-Distance Transfer Call-in
Licensed Paramedic: \$1500 per year stipend
Advanced & Paramedic: \$300 per year stipend
Bi-weekly Pay Schedule

Calhoun County EMS

Application Check-List

Current Resume
Completed Application
Copy of Current Texas Certification
Copy of National Registry (if applicable)
Copy of Current BLS Provider Card
Copy of Driver's License
Copy of Social Security Card
Signed and completed Background Authorization form (Record check is no cost to potential employee)
Please Address All Written Correspondence To:
Calhoun County EMS ATTN: Clint Macek 705 Henry Barber Way Port Lavaca, Texas 77979
Please Send Emailed Correspondence To:
ATTN: Clint Macek clint.macek@calhouncotx.org
For Office Use Only
Received Application Date: Completed Application Date:
Signature:



CALHOUN COUNTY, TEXAS APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

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NAME (As it appears on Social Security Card / Work Permit Card)	Last			First		M.L	
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
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DAYTIME TELEPHONE			ARE YOU	AT LEAST 18 YE		☐ YES ☐ NO	
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:				DEPARTMENT:			
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:			
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SUPERVISOR:			REASON	FOR LEAVING:			
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WHAT IS YOUR RELATIONSHIP	?						
IN WHAT DEPARTMENT DOES	YOUR RELATIV	E WORK?			·········		
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EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS. FROM (Mo/Yr) _____TO (Mo/Yr) _____TOTAL ____YRS ____MOS. YOUR POSITION _ _____ YOUR SUPERVISOR _____ EMPLOYER: ___ ADDRESS: ___ REASON FOR LEAVING TYPE OF BUSINESS BASE SALARY _____/___ | MONTHLY | WEEKLY | HOURLY OTHER COMPENSATION, BONUSES _____ BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES _____ FROM (Mo/Yr) ______ TO (Mo/Yr) _____ TOTAL _____ YRS _____MOS. YOUR POSITION __ _____YOUR SUPERVISOR ____ EMPLOYER: ___ ADDRESS: _____ REASON FOR LEAVING _____ _____ PHONE ___ BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES ____ FROM (Mo/Yr) _____ TO (Mo/Yr) ____ TOTAL ____ YRS ____MOS. YOUR POSITION __ _____ YOUR SUPERVISOR ___ EMPLOYER: ___ ADDRESS: REASON FOR LEAVING TYPE OF BUSINESS BASE SALARY _____/ ___ | MONTHLY | WEEKLY | HOURLY OTHER COMPENSATION, BONUSES ______
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EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child
care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

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DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP (No Relatives)	RELATIONSHIP (No Relatives)
NAME	NAME
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AUTHORIZATIO	ON AND AGREEMENT
I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYERS: As part of our normal procedure in processing applications, a routine inquiry record offices and personal, school and employment references may be conobtain information concerning your background, qualifications, school and we of school records or to supply grade transcripts. Information gathered about employment decision. This information will only be available to those participant of this investigation, a consumer reporting agency or County personnel use information it supplies to us in this investigation for its own business purpagency or the nature and scope of such inquiry, if one is made, is available to and authorization to review and sign concerning any reports prepared about report. I hereby authorize the employer, its representatives, employees or agents to authorize the employer and its agents to verify all statements contained in the employment application. I agree to complete any requisite authorizations for any liability arising out of the gathering and use of such information. In the employment and a photocopy is as effective as the original. I understand all offers of employment are conditional upon satisfactory refere production of all documents necessary for the employer to verify my Identity Immigration and Naturalization Services. As an employer, this organization is subject to Section 504 of the Rehabilitat who believe they are covered by these Acts are invited to identify their disable perform their jobs. Submission of this information is strictly voluntary and many processing the production of the production of this information is strictly voluntary and many productions.	will be made concerning your background. Former employers, school tacted by a consumer reporting agency or County personnel to verify and ork records. You may be asked to sign another form authorizing the release your background and qualifications will be used to help make a fair pating in this decision or those who process employment applications. As may also conduct a check of criminal records. This agency may keep and poses. Further information such as the name of the consumer reporting to you upon written request. You will also be given a separate disclosure your background for us by a consumer-reporting agency that compiled the conduct all pre-employment inquiries and tests as described. I further its application and any other materials I submit in connection with my mas. I release the employer, its agents and all providers of information from event of employment, this authorization and release is valid throughout my ence checks, successful completion of all pre-employment tests and and work authorization in accordance with the requirements of the
I certify the information provided in this application is true and complete to the submitting false or misleading information on this application, my resume, du valid grounds for disqualification from further consideration for hire or immed privileges. I further understand and agree that the employer shall not be liab	ring interviews or at any other time during the hiring process constitutes liste dismissal from employment and loss of all employee benefits and
I understand and agree to immediately notify Calhoun County if I am convicts contest to a felony, or any crime involving dishonesty or a breach of trust whi	
I understand and agree that if I am applying for a law enforcement or jail pos Commission on Law Enforcement Officer Standards and Education or other offer of employment is conditioned upon completing all those tests, including	equivalent agency as required by the State. I further understand that any
I understand and agree that, if required for the position, I will submit to a pre- accordance with the County's adopted policies, I will submit to a pre-employr required by the County's policy. I understand and agree that, if I refuse to su be considered for employment with Calhoun County. I also understand that, drug/ alcohol screen will be grounds for disciplinary action, which may include	ment drug/alcohol screen as well as any other drug/alcohol screenings as ibmit to such physical, drug/alcohol screen, or driving record check, I will not once employed, refusal to submit to such exams or a positive result on a
I understand the acceptance of this application by the employer neither expre employment is at will and I may resign at any time for any reason; similarly, reason. Any changes to this at-will employment agreement will not be valid employing organization.	my employment may be terminated by the organization at any time for any unless in writing signed by me and a duly authorized representative of this
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZ	ATION AND AGREEMENT STATEMENTS.
SIGNATURE OF APPLICANT	DATE

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FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)	
Signature	Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

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VOLUNTARY CONSENT TO PRE-EMPLOYEMENT DRUG TESTING

Applicant Name:
(Please Print)
Calhoun County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.
By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Calhoun County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Calhoun County, in whole or in part based upon the results of the pre-employment drug screen.
ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CALHOUN COUNTY. Refusal of any applicant to agree to preemployment drug screening at this time does not preclude an applicant from applying for employment with Calhoun County at some future time when the applicant will agree to conform to our policies.
I understand that my offer of employment with Calhoun County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Calhoun County should the results be positive for the presence of illegal drugs. Voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Calhoun County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.
Signature of Applicant:
Date:
(To be maintained on file with Employment Application)