



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 walk-in showers, laundry facility, Internet, cable TV, air-conditioned 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

Call 361-552-1140 for more information or email donna.hall@calhouncotx.org for an application.

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.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)	<small>Last</small>	<small>First</small>	<small>ML</small>
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT		
	<small>Name</small>	<small>Area Code</small>	<small>Number</small>
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		DEPARTMENT:	
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
DO YOU HAVE A RELATIVE CURRENTLY WORKING FOR CALHOUN COUNTY?			
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT IS HIS OR HER NAME? _____			
WHAT IS YOUR RELATIONSHIP? _____			
IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK? _____			
<p>HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? IF SO, PLEASE EXPLAIN. IMPORTANT: FOR PURPOSES OF EMPLOYMENT WITH CALHOUN COUNTY, "CONVICTIONS" INCLUDE SENTENCED TO CONFINEMENT, PAID FINE, TIME SERVED, PLACED ON PROBATION (INCLUDING DEFERRED ADJUDICATION) AND COURT-ORDERED RESTITUTION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page</p>	<p>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <p>I HAVE A VALID DRIVER'S LICENSE:</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>TYPE: _____</p> <p>DRIVER'S LIC. # _____</p> <p>STATE: _____</p>	<p>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLLEGE				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR	
FOREIGN LANGUAGE SKILLS	LANGUAGE	DO YOU:	SPEAK	READ	WRITE	
			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

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 _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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)

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)

VOLUNTARY CONSENT TO PRE-EMPLOYMENT 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 pre-employment 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. I 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)