

# **BAILEY COUNTY TREASURER**

**BAILEY COUNTY, TEXAS**

**316 S Main St**

**Muleshoe, TX 79347**

**(806) 272-3239 – office / (806) 272-4656 – fax**

**[shonda.black@co.bailey.tx.us](mailto:shonda.black@co.bailey.tx.us)**

April 12, 2022

Bailey County is seeking to hire an EMS Director for the Bailey County EMS.

Attached is a Job Description and Application.

Please fill out the Application and return it to the Bailey County Treasurer's Office at, 316 S Main St., Muleshoe, TX 79347. (in person or by mail) You may also email it to the Bailey County Treasurer, Shonda L. Black at [shonda.black@co.bailey.tx.us](mailto:shonda.black@co.bailey.tx.us) .

A copy will be made and taken to the County Judge's Office.

Deadline for the applications to be received is Friday, May 6<sup>th</sup> at 5:00pm.

Thank You,

Shonda L. Black, Bailey County Treasurer



**JOB TITLE:** Director  
**DEPARTMENT:** Emergency Medical Services  
**EFFECTIVE DATE:**  
**REVISED DATE:**

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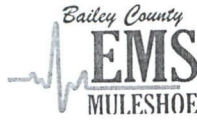
**JOB SUMMARY:**

The upper-level position is responsible for the administration and management of the Emergency Medical Services department. This position answers directly to the County Commissioners Court. The primary responsibilities are organizing, supervising, and participating in giving prompt and efficient medical care. Supervise all EMS personnel, paid as well as volunteers: act as a liaison between volunteer and paid staff: hire and terminate personnel. Delegate training and other responsibilities to appropriate personnel. Train, evaluate, and discipline department personnel. Maintain equipment, vehicles, and facilities: prepare bid specifications. Order supplies and equipment, prepare purchase requisitions, prepare annual budget estimates, and administer the budget after approval. Receive payments and make daily turns in. Maintain records and prepare reports. Act as the principal representative of the department. Perform related tasks as necessary. Positively promote and support the EMS department on a local, regional, and state level.

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**ESSENTIAL JOB FUNCTIONS:**

1. Responsible for the administration and management of the Emergency Medical Services Department.
2. Organize, supervise and participate in providing prompt and efficient medical care.
3. Responsible for all EMS personnel, paid as well as volunteer.
4. Hire and terminate personnel.
5. Provide proper training and continuing education for department personnel.
6. Supervise the scheduling of department personnel.
7. Prepare bid specs for equipment and capital acquisitions.
8. Maintain adequate inventory of supplies, and prepare purchase requisitions.
9. Receive payments on patient accounts and turn funds into the County Treasures office weekly.
10. Responsible for the completeness and accuracy of all records and reports. Administer the record management program for the department.
11. Prepare reports for city, county, state, federal agencies, and medical direction as required.
12. Act as the principal representative of the EMS department, and deal with the public concerning general information or any concerns that may arise.
13. Prepare the annual budget and administer the budget after approval.
14. Supervise the medical billing and collection of all accounts owed to the department.
15. Special situations may be called into work hours other than normally scheduled shifts.
16. Comply with all essential job functions listed for the EMT Paramedic.



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**REQUIRED EDUCATION, CERTIFICATES, and/or LICENSES:**

High school diploma or GED. Emergency Medical Technician-Paramedic certification, current department-approved CPR course, American Heart Association ACLS, American Heart Association PALS. Upgrade education as requested to do so by the County. Have a valid Texas Driver's License, a good driving record, and be insurable through the County's insurance.

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**EXPERIENCE, TRAINING, AND SKILLS:**

Be current on all certification requirements, and meet all requirements of the service medical director.

Experience: 5 years of EMS field experience is desired. Leadership experience is strongly recommended. Knowledge of operation of all equipment maintained on department vehicles, knowledge of policies and procedures of the EMS department, and Bailey County Policy and Procedure. Perform at your level of certification. Understand and follow verbal as well as written instructions. Completed medical direction protocol exam. Establish and maintain positive effective working relationships with other employees, county officials, other health care professionals, and the public. Knowledge in emergency vehicle operation at the Mobile Intensive Care Unit level. Upgrade education, if requested to do so by the county.

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**PHYSICAL DEMANDS:**

Varies according to the number and nature of calls. Ability to lift a stretcher bearing a patient of average weight (150 pounds). Carry patients and equipment up or downstairs; withstand rigors of vehicle extrication and special rescue situations. Sit, stand, stoop/crouch, or bend unusually for extended periods.

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**NON-PHYSICAL DEMANDS:**

Varies according to the number and nature of calls. Be able to work 24-hour shifts.

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**MACHINES, EQUIPMENT, AND VEHICLES USED:**

Emergency Medical Service vehicle: all medical, emergency, and life support equipment used on service vehicles; telephone, fax machine, copier, document shredder, calculator, and personal computer.





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**PERSONAL PROTECTIVE EQUIPMENT:**

Includes but is not limited to latex gloves, goggles, gown, and face shield or bunker gear. The department will furnish all required personal protective equipment.

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**ENVIRONMENTAL FACTORS AND OTHER HAZARDS:**

Includes any number of hazards that are impossible to predict. Dependent on the situation.

**ACKNOWLEDGMENT**

I \_\_\_\_\_, understand that it is my responsibility to read this job description in its entirety and fully understand the expectation, requirements and hazards associated with this position, and that the job description and duties are subject to change at the discretion of Bailey County EMS. I also understand that being employed by Bailey County EMS, I am employed as an at-will employee and that Bailey County EMS or I may terminate the employment relationship at any time, without notice, and for any lawful reasons.

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Signature of Incumbent

\_\_\_\_\_ Date

REVISION DATE: \_\_\_\_\_

## Application for Employment

BCEMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. BCEMS IS A DRUG-FREE WORKPLACE

PLEASE PRINT

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

Hours Requested (please circle) Full Time Part Time Contract Volunteer

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

Please list: \_\_\_\_\_

### POSITION INFORMATION

Position(s) Applying For: \_\_\_\_\_

Have you ever worked/volunteered for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ Prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

### CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National			

REVISION DATE: \_\_\_\_\_

Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other:_____			

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your last three employers or volunteer activities, starting with the most recent.)

I.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_



REVISION DATE: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

II.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_

End Date: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

III.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_

End Date: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: \_\_\_\_\_

REVISION DATE: \_\_\_\_\_

### PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: \_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

### EDUCATION AND TRAINING

HIGH SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest grade completed: \_\_\_\_\_

Have you received your GED? YES NO

COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

OTHER COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_



REVISION DATE: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

TECHNICAL SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER SCHOOL/TRAINING:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: \_\_\_\_\_

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REVISION DATE: \_\_\_\_\_

### REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

List **two** personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

REVISION DATE: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_



REVISION DATE: \_\_\_\_\_

**ACKNOWLEDGMENT**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_