



## **CITY OF HOYT LAKES POSITION OPENING**

The City of Hoyt Lakes will accept applications for the full-time position of Paramedic. Minimum qualifications include: Valid Minnesota Driver's License and free of disqualifying violations per insurance policy; current certification as a paramedic by the EMSRB and NREMT; current AHA BLS, ACLS, PALS certification; certification in either PHTLS or ITLS is highly recommended. Additionally, incumbents must maintain a high degree of academic and practical knowledge in emergency paramedicine and must attend sufficient continuing education courses and seminars both on and off duty to maintain annual paramedic certification, as required by the State of Minnesota. Ability to operate computers, radio communication equipment, and other technology as required.

Starting wage is \$25.00/hour. Benefits package included.

For an application packet contact the City Clerk's Office, 206 Kennedy Memorial Drive, Hoyt Lakes, MN 55750 or (218) 225-2344. Application is also available on the City website at [www.hoytlakes.com](http://www.hoytlakes.com).

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City of Hoyt Lakes Website

**City of Hoyt Lakes Fire Department-Ambulance  
June 4, 2018  
Job Description**

**PARAMEDIC**

**GENERAL STATEMENT OF DUTIES:**

A Paramedic for the City of Hoyt Lakes, Fire Department – Ambulance provides Basic and Advanced Life Support care to the sick and injured. This includes medical evaluation, treatment and stabilization of the critically ill and injured; responds to emergency rescue situations involving potential loss of life or bodily injury; maintains control, manages and directs patient care at the scene of a pre-hospital emergency; provides training and education to other crew members and the public; performs other duties as required.

**ESSENTIAL FUNCTIONS OF THE JOB:**

- Provides and directs fast, efficient Advanced Life Support Care to the ill and injured utilizing basic and advanced skills and techniques.
- Recognizes and understands a medical emergency and makes reasonable and acceptable differential diagnosis;
- Performs critical physical examinations;
- Recognizes common cardiac dysrhythmias and understands the principles and treatment modalities for life threatening dysrhythmias;
- Understands, anticipates, and delivers pharmacological treatments for critically ill and injured patients;
- Understands and anticipates potentially life-threatening sequelae of non-cardiac emergencies and institutes appropriate emergency therapy where essential for the preservation of life;
- Deals with the medical and emotional needs of victims of illness or injury with the goal of reducing mortality and morbidity;
- Responsible for managing and directing emergency responders at the scene of an emergency such as firefighters, first responders, law enforcement, and EMTs;
- Responsible for quality patient-care as established by Medical Direction;
- Files standardized reports of patient information and care for the use of receiving hospital and administration, including nature of request for aid, pertinent past history, therapy provided diagnosis, disposition and sufficient patient information for billing purposes;
- Maintains effective communication with physician on duty at hospital to relate patient condition and obtain orders for treatment;
- Follows standard written protocols when a physician cannot be contacted;
- Transports the ill and injured to institutions of medical care;
- Operates emergency vehicles in a safe manner under all conditions;
- Cleans and maintains equipment;
- Performs technical rescues in removing victims from varied terrain and circumstances;
- Follows standard operating policies and procedures as developed and interpreted by the City of Hoyt Lakes

**ADDITIONAL EXAMPLES OF WORK PERFORMED:**

- Cleans and maintains (minor maintenance) emergency vehicles and ambulance;
- Maintains records of vehicles, supplies, training and daily work;
- Performs other related duties as assigned.

**GENERAL INFORMATION:**

The EMS Director makes assignments in terms of shifts to be worked and the general scope of the work assignment. The paramedic safely performs the work in accordance with the established city procedures, policies and medical direction. The paramedic must exercise judgment in applying the proper guideline to the proper situation. The paramedics performance will be evaluated on the basis of Quality Assurance, feedback from the patient, and medical staff.

**MINIMUM QUALIFICATIONS:**

- Valid Minnesota Driver's License and free of disqualifying violations per insurance policy.
- Current certification as a paramedic by the EMSRB and NREMT.
- Current AHA BLS, ACLS, PALS certification; also, certification in either PHTLS or ITLS is highly recommended.
- Additionally, incumbents must maintain a high degree of academic and practical knowledge in emergency paramedicine and must attend sufficient continuing education courses and seminars both on and off duty to maintain annual paramedic certification, as required by the State of Minnesota.
- Ability to operate computers, radio communication equipment, and other technology as required.

**OTHER REQUIREMENTS:**

The work requires the paramedic to operate emergency medical vehicles, move medical equipment and extract injured persons from a wide variety of situations. Situations can involve vehicular, industrial and residential accidents, injuries or illness. At times the work requires movement over various types of terrain, (hilly, steep, rocky, rough, and/or wet/slippery surfaces). The paramedic must be able to carry or help carry someone from the site of the injury to the mode of transportation (vehicle/helicopter) and ride with the injured party to the hospital. In order to perform a physical assessment of the injured party, the paramedic must see, hear and communicate with the injured party.

This description is intended to describe the essential job functions, the general supplemental functions and the essential requirements for the performance of this job. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time. A signature below indicates you have been provided, read the entire job description and agree that you can perform all duties and requirements including essential functions with or without reasonable accommodations.



Municipal Building  
206 Kennedy Memorial Drive  
Hoyt Lakes, Minnesota 55750-1140

www.hoytlakes.com  
email: [info@hoytlakes.com](mailto:info@hoytlakes.com)

Phone: (218) 225-2344  
FAX: (218) 225-2485

## EMPLOYMENT APPLICATION -INSTRUCTIONS-

**\*PLEASE READ AND FOLLOW THESE INSTRUCTIONS\***

### GENERAL INFORMATION

- **IMPORTANT! You MUST complete all parts of the application.**  
Read the job announcement carefully before you apply.  
Announcements may contain special instructions and requirements.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postage services to forward applications by the deadline. Applications will not be accepted after the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application may be rejected at the City's discretion.
- For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form and any addendum/supplement provided by the City. Pay close attention to items 14-19. Be complete.
- Your application and all attachments become the property of the City and will not be returned.

**\*KEEP A COPY OF YOUR COMPLETED APPLICATION\***

### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43 Subd.2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Clerk by letter.

Office use: 1. Position Announcement \_\_\_\_\_ 4. Rating Points \_\_\_\_\_  
 2. Position Description \_\_\_\_\_ 5. ADA Job Factors \_\_\_\_\_  
 3. Benefits Statement \_\_\_\_\_

Last Revised 10/19

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help insure we do not confuse your records with those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may process an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

Office Use: Date Received \_\_\_\_\_  
 Initials \_\_\_\_\_

**CITY OF HOYT LAKES  
 APPLICATION FOR EMPLOYMENT**

BE SURE TO READ INSTRUCTION PAGE BEFORE COMPLETING APPLICATION

**GENERAL INFORMATION**

1) Title of specific position for which you are applying _____ When will you be available for employment? (Check one) <input type="checkbox"/> Now <input type="checkbox"/> Beginning _____ <input type="checkbox"/> Upon ___ weeks notice to current employer	2) Date of Application _____ Phone # _____
3) Last Name:                      First Name:                      M.I.: _____	4) Social Security # (optional) _____
5) Street Address:                      City:                      State/Zip: _____	6) Email Address _____
7) Are you fluent in a language, including sign language, other than English? Yes _____ No _____ If so, which _____	8) May we contact you at work: Yes _____ No _____
9) Have you previously been employed by the City of Hoyt Lakes? Yes _____ No _____ If yes, Date _____ Position _____	10) Are you over the age of 18? Yes _____ No _____ If no, please give date of birth _____
11) Are you able to work the schedule hours for this position? Yes _____ No _____	12) Are you legally eligible to work? Yes _____ No _____
13) Your employment may involve use of a public vehicle. Do you have a valid driver's license? Yes _____ No _____ MN Drivers License # _____ Class _____	

**EDUCATION**

**PLEASE BE COMPLETE: Experience and Training Points are determined by items 14-19.**

14) Education: Did you graduate from high school or receive a GED? Yes _____ No _____ School Attended: _____ If No, last grade in high school completed: _____			
Name and location of College, University, Technical Schools	Did you Graduate?	Certificate or Degree	Major Course of Study
	Yes _____ No _____		
	Yes _____ No _____		
	Yes _____ No _____		
	Yes _____ No _____		

## WORK EXPERIENCE

List your present or most recent experience first

15 A)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_

15 B)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_

May we contact this Employer: Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_

## WORK EXPERIENCE

List your present or most recent experience first

15 C)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years\_\_\_\_ Months\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_  
\_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

15 D)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years\_\_\_\_ Months\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_  
\_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer: Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_



## WORK EXPERIENCE

List your present or most recent experience first

15 E)

Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Supervisor's Name & Title \_\_\_\_\_  
 \_\_\_\_\_

Length of Employment:  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_  
 \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

## PROFESSIONAL MEMBERSHIPS, REGISTRATIONS or LICENSES

16) List relevant current professional memberships, registrations or licenses. Include date first issued:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VOLUNTEER AND UNPAID WORK EXPERIENCE

Do not specify Organization

Kind of Volunteer Activity	Major Responsibilities	# Hours/Month	How Long? From To

### ADDITIONAL EXPERIENCE OR TRAINING

18) Describe any additional experience or training that qualifies you for this position (Be Specific).

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19) What machines or equipment do you operate? (i.e. computers, construction equipment, tools, etc).  
Please describe software/hardware you are familiar with.

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20) In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

21) Police and Fire Position Applicants only:

Have you served a sentence in jail or prison, plead guilty for or been convicted of a felony, gross misdemeanor for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside or purged, or if you have been pardoned pursuant to the law.

NO     YES

If "yes" please attach a separate sheet with explanation. Information concerning this question will not automatically disqualify you from employment, unless adversely related to the position for which you are applying. **In addition to Police and Fire positions, other positions applied for may require a criminal background check as a condition of employment.**

### REFERENCES

List at least four people other than relatives who can be contacted regarding your qualifications, work habits and character.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION AND RELATIONSHIP

## VETERAN'S PREFERENCE POINTS APPLICATION

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for Veteran's preference points you must:

- 1) Be separated under honorable conditions from any branch of the armed forces of the United States after having served on **active duty for 181 consecutive days** or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or
- 2) Be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
- 3) NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

A letter from the Veteran's Administration can serve as documentation of a compensable service-connected disability.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?  Yes  No

If "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

Preference Requested:  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Spouse of Deceased Veteran

If Spouse, veteran's name \_\_\_\_\_

Branch of Service \_\_\_\_\_  
 Rank at Discharge \_\_\_\_\_  
 Type of Discharge \_\_\_\_\_  
 Date of Final Discharge \_\_\_\_\_  
 Service Number \_\_\_\_\_

Period of Active Duty: From \_\_\_\_\_  
 To \_\_\_\_\_

Do you have a compensable service-related disability?  Yes  No

Are you receiving or eligible for a military pension?  Yes  No

Your preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting Documents: \_\_\_\_\_ are attached \_\_\_\_\_ will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY: \_\_\_\_\_ 10 Points \_\_\_\_\_ 15 Points

**SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S.43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to my current and past employment and applications for employment, my records maintained by an educational institution relating to academic performance (such as transcripts), a criminal history check, background check, and/or driver's license record review. Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person. A photocopy of this authorization will be treated in the same manner as the original.

\_\_\_\_\_YES

\_\_\_\_\_YES, but not present employer until job is offered.

\_\_\_\_\_NO (we may be unable to hire you without this information).

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (do not print)

# City of Hoyt Lakes

## CONSENT FORM

### PERSONAL INFORMATION (Please Print)

First Name	Last Name	Middle Name	
Maiden, Alias or Former and Dates Used		Date of Birth	Sex
Social Security Number (Optional)		Driver's License Number and State	

### ACKNOWLEDGEMENT/AUTHORIZATION

I, \_\_\_\_\_ (Full Name: *first, middle, last*), am the person named in an application for employment with the City of Hoyt Lakes for the position of (fill in).

I realize I am not legally required to sign this form, but if I do not, the City of Hoyt Lakes will not be able to determine whether my driving record or conviction record, if any, is a job-related consideration. I understand that if I am rejected as a candidate for the position cited above on the basis of a criminal conviction, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by *Minnesota Statutes, Chapter 364*. I understand that information prepared by the City's Police Department or other agent acting on the City's behalf is private data; that is, it may be released only pursuant to the statutory provisions of *Minnesota Statutes, Chapter 13*. I acknowledge I have read the notification on the reverse side of this form.

I hereby authorize the City's Police Department or any agent acting on its behalf to inspect and gather information retained by local, county, state, and federal agencies as necessary to determine whether any convictions of a crime or moving traffic violations, for which a jail sentence or more than 90 days could have been imposed, directly related to the position of employment sought by me.

I specifically authorize the Hoyt Lakes Police Department to Disclose all criminal history and driving record information to the City of Hoyt Lakes for the purpose of determining my suitability for employment with the City. Moreover, I hereby release the City of Hoyt Lakes, its agents, and any agency named above from any and all liability.

The duration of this authorization shall be for a period no longer than one year from the date of my signature although I understand this authorization can be revoked by me if I indicate such intent in writing. Criminal history background checks will not be conducted on applicants, except for Police and Fire applicants, unless and until the applicant is selected for an interview.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT FACTS ABOUT INFORMATION ON THIS FORM**

Certain information requested on this form is considered private; that is, it may be released only to you and agencies where you may be considered for employment. This form is part of the City of Hoyt Lakes' employment application materials. Information in your application that is defined by law as *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3). A summary of your rights under the Fair Credit Reporting Act will be provided to you prior to any adverse action taken by the City of Hoyt Lakes, regarding your application for employment, based on information obtained through the use of this form.

<b>Private Data</b>	<b>Why We Ask For It?</b>	<b>Are You Legally Obligated To Provide It?</b>	<b>What May Happen If You Don't Provide It?</b>
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Maiden Name/Date of Birth/Sex/Social Security Number/Driver's License Number	To be able to conduct criminal background and driver's license checks.	No	Failure to provide may be cause for rejection of your application.