



February 26, 2024

Dear Applicant,

Thank you for requesting an application for Kittitas County Public Hospital District #2 (Upper Kittitas County Medic One). Medic One is the sole ALS provider and the primary transport agency for the northwestern part of Kittitas County, Washington, serving the communities of Snoqualmie Pass, Lake Kachess, Easton, Roslyn, Ronald, Cle Elum, and South Cle Elum, and the surrounding rural and wilderness areas, including a forty-one mile section of Interstate 90. We respond to approximately 1,400 calls per year and operate two (2) 24-hour units. Because of the rural setting and extended transport times to receiving facilities, ideal candidates should be comfortable in managing patients for extended periods of time in a variety of environmental settings and/or extreme weather conditions.

All candidates must have a current Washington State certification for the position for which they are applying and should attach those records to this application. Paramedics should also attach current ACLS, PALS and PHTLS (or trauma training equivalent) records to their application. Our intent is to create an eligibility list for future hiring needs of the agency. For further information, please contact Geoff Scherer at (509) 674-4057 or via email at [geoff.scherer@ukcmedicone.org](mailto:geoff.scherer@ukcmedicone.org)

Timeline/steps:

- Applications will be accepted until 5pm Friday, April 12, 2024.
- Applications will be reviewed, and candidates will be notified if they are being invited to a written test on [Date TBD].
- Qualified candidates will then be notified if they are eligible to participate in a practical scenario and oral interview.
- Lastly, candidates will be notified of their placement on our eligibility list.

**PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE AND YOUR CURRENT EMT OR PARAMEDIC CARD WITH YOUR COMPLETED APPLICATION.**

All completed applications should be mailed or hand delivered to:

**Upper Kittitas County Medic One  
111 Pine Street  
Cle Elum, Washington 98922**

Thank you again for your interest.



# APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, religion, national origin or other protected classification.

**APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN FULL**

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

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

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**WRITE CLEARLY OR TYPE YOUR EMAIL – ALL COMMUNICATION FROM THIS POINT**

**FORWARD WILL BE THROUGH EMAIL**

	<u>Yes</u>	<u>No</u>
Are you over 18 years old:	<input type="checkbox"/>	<input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis?	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Have you ever filed an application with us before? If yes, give date(s): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed with us before? If yes, give date(s): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your current employer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed the job description and essential job functions of the position (attached to application packet)?	<input type="checkbox"/>	<input type="checkbox"/>
Can you perform these essential job functions with or without reasonable accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any hours, shifts or days you cannot or will not work? If yes, which: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to work overtime as required?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment) If yes, please describe: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION	Name and Location of school	Year Graduated	Major	Diploma / Degree
High School				
College/University				
College/University				
Other				

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our agency?

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<b>POSITION APPLIED FOR:</b>		<b>Date available for work:</b>	
<b>WORK HISTORY</b>	May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Most Recent Employer</b>		Telephone	
Address			
Name and Title of Supervisor			
Date Started	Starting Salary	Starting Position	
Date Left	Leaving Salary	Position on Leaving	
Description of Duties			
Reason for Leaving			
<b>Previous Employer</b>		Telephone	
Address			
Name and Title of Supervisor			
Date Started	Starting Salary	Starting Position	
Date Left	Leaving Salary	Position on Leaving	
Description of Duties			
Reason for Leaving			

<b>Previous Employer</b>		Telephone
Address		
Name and Title of Supervisor		
Date Started	Starting Salary	Starting Position
Date Left	Leaving Salary	Position on Leaving
Description of Duties		
Reason for Leaving		
<b>REFERENCES    List three references not related to you:</b>		
Name		Telephone
Address		
Name		Telephone
Address		
Name		Telephone
Address		

### Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application.

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

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



## AUTHORIZATION TO RELEASE INFORMATION

TO: ALL PREVIOUS EMPLOYERS AND SCHOOL(S) ATTENDED

As an Applicant for a position with Kittitas County Hospital District # 2 / Upper Kittitas County Medic One, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize Kittitas County Hospital District # 2 / Upper Kittitas County Medic One to investigate my past and present work, character, education, military and police records to ascertain all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

The authorization shall be valid for three months from the date of my signature below. You may retain this copy for of my release for your files. Thank you for your assistance.

Signature: \_\_\_\_\_

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

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

Witness Signature: \_\_\_\_\_

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

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

**Return to:** KCHD #2 / Upper Kittitas County Medic One  
Attn: Operations Manager  
111 Pine Street  
Cle Elum, Washington 98922

Telephone: 509-674-4057  
Fax: 509-674-4058