



## JEFFERSON COUNTY EMERGENCY SERVICES AGENCY

419 Sixteenth Avenue  
Ranson, WV 25438  
E-mail – [jcesa@jcesa.org](mailto:jcesa@jcesa.org)  
Telephone – 304-728-3287  
Fax – 304-728-6221

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### **Emergency Medical Technician / Firefighter & Paramedic / Firefighter Applicants:**

**To be eligible for employment all applicants must meet the following criteria:**

- At least twenty-one (21) years of age (copy of birth certificate must be submitted)
- United States Citizen
- Possess a current driver's license
- Two (2) years of EMS experience (not including education)
- No criminal convictions that violate WVOEMS certification requirements
- Possess a valid WV Emergency Medical Technician or Paramedic certification
- Emergency Vehicle Operations Course (EVOC) – WV or accepted equivalent
- Current American Heart Association Healthcare Provider CPR Certification
- NIMS 100, 200, 700, and 800
- WV Firefighter I or accepted equivalent
- Any other training standards mandated by WVOEMS and/or the West Virginia State Fire Commission in effect at the time of application directly related to EMT/Firefighter and/or Paramedic/Firefighter certification in the State of West Virginia.

All of the above listed criteria requirements must be submitted with the JCESA Employment Application to be valid.

#### **Additional preferred training:**

Applicants are encouraged to submit documentation of any/all of the following along with their application:

- ITLS/PHTLS (instructor/provider)
- AMLS (instructor/provider)
- PEPP/PALS (instructor/provider)
- ACLS (instructor/provider)
- HazMat Operations
- Vehicle Rescue Operations
- Core Rescue
- Firefighter II
- Driver / Pump Operator
- Incident Safety Officer
- Fire/EMS Officer I
- Fire/EMS Officer II
- ICS 300
- ICS 400
- NFPA Instructor I
- NFPA Instructor II



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### The hiring process is as follows:

- Applications accepted only through posted deadline as advertised
- Written Exam
  - Applicants who provide a valid application prior to the deadline will be notified of testing dates
- Physical Agility Test
- Eligible Candidate List created (List can be kept for up to two years)
- Highest ranked candidates are interviewed as positions become available
- Conditional offer(s) of employment are made to selected candidate(s)
- Selected candidate(s) undergo a background investigation
- Selected candidate(s) must pass a medical physical and drug screen
- New employees must successfully complete the JCESA Orientation Program (Administrative OG #1070) and the JCESA Introductory Period (Administrative OG #1060.)

This is a summary of the hiring process for EMT/Firefighter and Paramedic/Firefighter positions. The complete policy (Administrative OG #1050) is available upon request.

### Salary Range

EMT/Firefighter – Full Time:	\$16.31 hourly	\$33,925 Base / Annually
EMT/Firefighter – Part Time:	\$16.31 hourly	
Paramedic / Firefighter – Full Time:	\$18.60 hourly	\$38,688 Base / Annually
Paramedic / Firefighter – Part Time:	\$18.60 hourly	

### Fringe Benefits (Full Time Only):

- WV Consolidated Public Retirement Board Emergency Medical Services Retirement System Act Twenty (20) year Retirement Plan
- Health, dental, vision and life insurance provided (JCESA pays 100% of employee cost)
- Accumulative Sick and Vacation Leave

### Fringe Benefits (Part Time and Full Time):

- Paid holidays
- Continuing education classes offered at no expense to employee
- Uniform allowance yearly





## JEFFERSON COUNTY EMERGENCY SERVICES AGENCY

### EMPLOYMENT APPLICATION

#### EMPLOYMENT HISTORY

Starting with your present or last employer, please account for your work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. **RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.**

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
Employment Dates: From                      To  _____/_____/_____ Month/Year              Month/Year	Employment Status: <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week:		
Did You Supervise Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities			
Reason for Leaving			

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
Employment Dates: From                      To  _____/_____/_____ Month/Year              Month/Year	Employment Status: <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week:		
Did You Supervise Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities			
Reason for Leaving			

Attach additional sheets as necessary



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### EMPLOYMENT APPLICATION

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
Employment Dates: From                      To  _____/_____/              ____/____/	Employment Status: <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Number of Hours per Week:		
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**JEFFERSON COUNTY EMERGENCY SERVICES AGENCY**  
**EMPLOYMENT APPLICATION**

**EDUCATION**

Did you receive a high school diploma or high school equivalency diploma (GED)?  YES  NO

Highest Grade Completed \_\_\_\_\_ Name of High School/City/State \_\_\_\_\_

College Name & Address	Field(s) of Study Major / Minor	Credit Hours Semester / Quarter	Dates of Attendance MM/YY – MM/YY	Type of Degree

Business, Vocational & Technical Schools & Additional Training	Course of Study	Number of Weeks Attended	Dates of Attendance MM/YY – MM/YY	Number of Hours per Day

**MILITARY SERVICE**

Were you in the U.S. Armed Forces? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Date of Entry (or Entries) \_\_\_\_\_

Date of Last Separation \_\_\_\_\_

Rate or Rank at Discharge \_\_\_\_\_ Service Number \_\_\_\_\_

List duties of your military service, including special training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? If yes, what training did you take? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## JEFFERSON COUNTY EMERGENCY SERVICES AGENCY

### EMPLOYMENT APPLICATION

**PERSONAL REFERENCES** (Do not list former employers or relatives)

Name	1.	2.
Address		
Occupation		
Telephone Number		

What other statements would you care to make regarding your qualifications for the position you seek, or other training experiences, or abilities you have that you feel would contribute to your working expertise? **Please list any additional information that you feel may be helpful to us in considering your application.**

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#### STATEMENT OF APPLICANT

I hereby affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsifications, I shall be subject to dismissal.

I hereby authorize Jefferson County to make an investigation of my past employment and all of the facts stated on this application for employment. I release from all liability or responsibility all persons, places of business, schools, and municipalities supplying such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**JEFFERSON COUNTY EMERGENCY SERVICES AGENCY**  
**EMPLOYMENT APPLICATION**

**Supplemental Questionnaire**

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Indicate languages you speak, read and/or write:

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**VOLUNTEER EXPERIENCE**

Job related community or volunteer experience (if applicable). Do not list any political affiliations.

Dates \_\_\_\_\_ Organization \_\_\_\_\_

Special Responsibilities \_\_\_\_\_

\_\_\_\_\_

Dates \_\_\_\_\_ Organization \_\_\_\_\_

Special Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**CONVICTIONS**

Have you ever been convicted of a felony or misdemeanor or been on parole or probation?

Yes  No If yes, please explain fully. Attach a separate sheet of paper if this space is not adequate. List all convictions after your 18<sup>th</sup> birthday. (A "yes" answer is not an automatic bar to employment. Each case is considered individually.)

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If you need additional space please continue on page 3 of Supplement or additional sheets as needed...

**SPECIAL SKILLS and QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience:

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Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

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**EMPLOYMENT APPLICATION**

**Affirmative Action Data Form**

**PLEASE NOTE: Completion of this form is on a voluntary basis. A decision not to complete this form will not subject you to any adverse treatment.**

Jefferson County Emergency Services Agency is striving to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by answering the questions below.

The information requested below is used solely in connection with affirmative action efforts. All information is requested on a voluntary basis and will be used only in accordance with applicable state, local, and federal laws, including the Americans with Disabilities Act. This form will be filed separately from your application and will be kept confidential. The information provided will not be used to discriminate against you in any way.

Position Title \_\_\_\_\_  Male  Female

Name (last, first, middle) \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnic Origin (see note below):

- White  Black  Hispanic
- Asian or Pacific Islander  American Indian or Alaskan Native

**Note:** Ethnic origin is defined by the Federal Employment Opportunity Commission as follows:

White – (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian Peninsula; excluding countries within the Indian Subcontinent).

Black – (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.

Hispanic – Persons having origins in the original peoples of Spain and persons of Mexican, Puerto Rican, Cuban, and Central or South American, or other Spanish culture or origin, *regardless of race*.

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Veteran:  Yes  No

If yes, check here \_\_\_\_\_ if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge).