



City of Dodgeville -Dodgeville Area Ambulance Service

Applicant Checklist

Thank you for your interest in applying for a position with our department. The following is a checklist of items that **MUST** be completed and returned to be considered for the position. All applications must be either mailed or dropped off in person in a sealed envelope at City Hall, 410 E. Leffler St, Dodgeville. **We will not accept faxed or emailed applications.**

A copy of the following items is required if you are applying for a position.

Advanced EMT-AEMT

- Wisconsin State AEMT or higher license
- Healthcare provider CPR certification

All applicants must submit the following:

- Employment application
- Resume
- Copy of valid Driver's license
- Copy of current Wisconsin Certification
- Copy of National Registry (if applicable)
- Copy of Social Security Card or Passport
- Signed and completed Background Authorization Form (Record check is no cost to the potential employee)
- Signed copy of job description.

Please Address All Written Correspondence To:

Dodgeville Area Ambulance Service
ATTN: Chief Brian Cushman
410 E. Leffler St.
Dodgeville, WI 53533

Application questions only can be emailed to:

daaschief@dodgevillewi.gov



CASUAL AS NEEDED EMS STAFF OPENING AND LIST CREATION

City of Dodgeville-Dodgeville Area Ambulance Service is accepting applications for the position of:

Staff EMT-Advanced (AEMT)

This position provides various duties that may include incident response, data management and reporting, office and clerical support operations, facilities and apparatus maintenance, EMS prevention activities, and miscellaneous duties regarding the operation of Dodgeville Area Ambulance Service. The current opening with the expected start date September 2026.

MINIMUM QUALIFICATIONS

- Graduation from high school or GED equivalent.
- 18 years of age or older.
- US Citizenship/Permanent Resident Card.
- Valid Wisconsin Driver License with proof of insurability.
- Favorable outcome of a criminal background check.
- Current State of Wisconsin Advanced EMT (AEMT) before starting employment.
- Completion of Emergency Vehicle Operator Course (EVOC).
- Current Health Care Provider CPR Certified.
- AHA CPR Instructor preferred.
- Working knowledge of PCs and Microsoft applications (Word, Excel, PowerPoint, etc.).
- Successful completion of the following Homeland Security/FEMA courses ICS-100, 200, 300, 400, 700 & 800.

CONDITIONS FOR EMPLOYMENT

- State of Wisconsin Advanced EMT (AEMT), or higher before starting employment
- There will be a minimum of 6 months of probation.

Additional requirements and recommended qualifications are detailed in the application packet. This process will create an eligible list from which to fill present and possible future vacancies in casual positions.

The City of Dodgeville-Dodgeville Area Ambulance Service is an equal opportunity employer. The position has an hourly rate of \$28/hour for up to 1200 hours year max for shifts meeting casual temporary employee staffing needs.

Application packets may be requested via email dodgevilleems@dodgevillewi.gov or by calling the station at 608-935-5111. Completed applications must be addressed directly to the EMS Chief. Please include application, resume, unofficial college transcripts, references and copies of all certifications. Mail to: Dodgeville Area Ambulance Service, 410 E. Leffler St., Dodgeville, WI 53533. **Application deadline is August 14th, 2026 4 p.m.**



City of Dodgeville-Dodgeville Area Ambulance Service

Job Description

Title: EMT-ADVANCED (AEMT)

Department/Agency: Emergency Medical Services

Reports To: EMS Chief

Work Schedule:

Casual temporary employee as needed up to 1200 hours year max meeting staffing needs. This would include nights and weekends.

Starting Pay: \$28 per hour
Uniforms provided
Some benefits are available

PURPOSE OF POSITION

Under general supervision, the Advanced EMT responds to emergency calls and planned events to protect life, property and the environment; performs specialized technical duties related to rescue, hazardous materials and administration of basic and advanced life support to the sick and injured; participates in community education, community wellness, training and equipment maintenance, and facility maintenance activities.

JOB SUMMARY

Under the general direction of the Chief, the Advanced EMT is responsible for performing semi-skilled, skilled and administrative tasks for the City of Dodgeville-Dodgeville Area Ambulance Service, including data management and reporting, office and clerical support operations, facilities and apparatus maintenance.

AEMT DUTIES-

The EMT-Advanced represents advanced level care in the emergency medical system. The AEMT trained at this level is prepared to care for patients at the scene of an incident and while transporting patients by ambulance to the hospital. The EMT-Advanced has the emergency skills to assess the patient's condition and manage respiratory, cardiac, and traumatic emergencies.

AEMT REPRESENTATIVE ESSENTIAL DUTIES AND RESPONSIBILITIES *(Note-This list is intended only to illustrate the various types of work that may be performed. The omission of specific statements does not exclude them from the position.)*

- Ensure personal safety as well as the safety of other ambulance personnel, patients and public.
- Respond to ambulance calls when paged.
- Receive, comprehend and act appropriately on information received from dispatch and other sources.
- Communicate with fellow EMTs, other medical personnel, family members, bystanders and the patient (when patient is able) to obtain all necessary information for providing the most appropriate patient care.
- Assess the nature and extent of illness or injury and establish priority for required emergency care. The ability to prioritize changing patient conditions is required.
- Render emergency care as appropriate for Dodgeville Area Ambulance Service level of licensure.
- Understand the function of and physically utilize medical equipment and supplies on the ambulance.
- Understand and apply the concepts of safe effective lifting techniques and be physically able to lift and assist in carrying necessary equipment and supplies from ambulance vehicle to and from the location of the patient(s), as well as assist in physically conveying patient to the ambulance.
- Understanding of and ability to use sanitizing and disinfecting procedures for all equipment including personal protection equipment.
- Understand the purpose and use of the required documentation and communicate all pertinent information relating to the patient and the care that has been administered. Communicate this information to the receiving medical facility, via radio or other appropriate communication equipment, as soon as possible.
- Knowledge of and/or ability to learn and use computer-based applications such as electronic medical record systems and scheduling applications.
- Drive an ambulance or other department vehicle, in either emergency or non-emergency mode as required to and from calls, to and from receiving medical facilities, or other assigned trips.
- Perform routine vehicle maintenance at the completion of an ambulance run on each vehicle used. This maintenance shall include, but not limited to, filling fuel tanks, checking oil, restocking all medical supplies and other equipment used, cleaning and/or sanitizing the interior of the vehicle as necessary, and washing the exterior of the vehicle as needed.
- Perform all job-related tasks with a high degree of skill, good judgement, integrity, and confidentiality.

REPRESENTATIVE ESSENTIAL STAFF DUTIES AND RESPONSIBILITIES *(Note-This list is intended only to illustrate the various types of work that may be performed. The omission of specific statements does not exclude them from the position.)*

- Ensure that the work plans reflect areas of concern and issues defined by department officers, internal and external customers, and elected officials.

- Assess ongoing program performance, develop new programs to meet long term goals, and develop short-and long-term objectives for area of responsibility.
- Process EMS run reports as directed.
- Operate a variety of office equipment including copiers, facsimile machine and computer, input and retrieve data and text, organize and maintain storage and filing for confidential and routine files and records.
- Utilize a computer network system to input and retrieve data and prepare reports using appropriate word processing or spreadsheet applications and databases.
- Implement new computer system modules, procedures, and information systems in conjunction with staff and technical specialists.
- Coordinate and/or perform data collection and statistical analysis of data. Ensure data is entered into computer systems in accordance with current standards and requirements. Generate computer reports and maintain necessary manual and computer records.
- Arrange for or perform maintenance duties on facilities or apparatus. Maintain records, prepare reports and other specialized maintenance records and equipment, facility and apparatus.
- Communications responsibilities include answering department phone calls, emails, and faxes, and responding to requests for information appropriately.
- Make public presentations, conduct tours of the station, or assist in presenting training classes for other staff, volunteers, community groups, or fire/EMS personnel from other districts. Maintain calendar of activities, meetings, and various events.
- Drive and operate all department vehicles.
- Participate in training classes to maintain and upgrade knowledge, skills, and certification.
- Perform housekeeping duties including cleaning /maintaining apparatus, quarters, buildings, equipment and grounds.
- Work as a member of a team to support and maintain a pleasant work environment. Look for ways to support others in their work, develop and maintain cooperative work relationships. Approach individuals directly regarding suggestions and concerns and provide constructive feedback. Attend and participate in trainings and meetings.
- Perform any other duties and responsibilities as assigned.

SUPERVISION EXERCISED

- Although independent action is required, this position is subject to routine quality assurance review.

MINIMUM QUALIFICATIONS

- Graduation from high school or GED equivalent.
- 18 years of age or older.
- US Citizenship/Permanent Resident Card.
- Valid Wisconsin driver's license with proof of insurability.
- Favorable outcome of a criminal background check.
- Current State of Wisconsin Advanced EMT (AEMT) or higher before starting employment.
- Completion of Emergency Vehicle Operator Course (EVOC).
- Current Health Care Provider CPR Certified.
- AHA CPR Instructor (or willing to obtain Instructor status within one year of hire)-optional.
- Working knowledge of PCs and Microsoft applications (Word, Excel, PowerPoint, etc.).
- Successful completion of the following Homeland Security/FEMA courses ICS-100, 200, 300, 400, 700 & 800 or work towards after hire.

- There will be a minimum of 6 months of probation.

While not required, other useful qualifications

- Two years' experience as an EMS professional.
- Previous experience working in a compensated volunteer/career department
- Current National Registry Certification
- EMS Instructor I or II.

PHYSICAL DEMANDS AND ABILITIES *(The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the jobs. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.)*

While performing the duties of this job, the employee is required to perform strenuous or peak physical effort during emergency, training or station maintenance activities for prolonged periods of time under disagreeable conditions that include extreme heights, intense heat or cold, excessive noise, communicable diseases, vibration, confined spaces, emergency driving, little to no sleep for extended periods of time. The employee is regularly required to use hands and fingers, handle, feel, or operate objects, tools, or controls; and reach with hands and arms. The employee is regularly required to walk, sit, stand, climb, balance, stoop, kneel, crouch, crawl, talk and hear. The employee must frequently lift and/or move up to 25 pounds and occasionally lift weights over 100 pounds or more. The employee must occasionally run, dodge, jump or maneuver with equipment. Specific vision abilities required by this job include close vision, and ability to adjust focus.

WORK ENVIRONMENT *(The work environment characteristics described here are representative of those an employee encounters while performing the essential duties and responsibilities of this job. An AEMT must continue to perform physically demanding work, requiring sound judgement, under adverse working conditions.)*

- The noise level in the work environment is usually moderate, except during certain EMS activities when noise levels may be loud.
- EMS responses can be to areas of confined spaces or heights.
- Exposure to extreme cold and hot environments.
- Contact with water or other liquids.
- Exposure to hazardous conditions such as fire, explosives, chemicals, electrical shock, structural hazards, fast moving vehicles, etc.
- Exposure to fumes, gases, noxious odors, dust and poor ventilation.
- Exposure to blood, serious injuries and death.



CITY OF DODGEVILLE

410 E. Leffler St.
Dodgeville, WI 53533

EMPLOYMENT APPLICATION

Position Applied For: _____

Applicants are considered for all positions without regard to race, color, sex, sexual orientation, religion, creed, national origin, ancestry, age, marital or veteran status, disability, handicap or arrest or conviction record.

Date _____

(Please Print)

Name: _____

Address: _____

Telephone: Home _____ Work _____

Email Address: _____

Are you employed now? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

On what date would you be available for work? _____

Are you eligible to work in the United States? _____ Yes _____ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you been convicted of a crime (do not include minor traffic violations or ordinance violations)? _____ Yes _____ No

(You must report all convictions, past and present. A conviction will not automatically disqualify you from employment but any dishonesty relevant to this response will remove your application from further consideration or result in termination of your employment.)

If yes, please

explain _____

List professional trade, business or community activities and offices held.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate? _____ Yes _____ No

Colleges, military, trades, business or other schools attended:

Name & Location	Course of Study	Dates	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses or Certificates you have that indicate specialized skills or training:

Title of License or Certificate	Issuing Agency	Skill Area
_____	_____	_____

Are there any special skills you have that you would like us to be aware of?

WORK EXPERIENCE

Start with your present or last job. Include intern or volunteer work as well as full-time or part-time employment.

Employer	Address
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Your Title	Supervisor's Name & Telephone Number
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Duties:

Date of Employment: From _____ to _____.

Reason for Leaving:

Employer	Address
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Your Title	Supervisor's Name & Telephone Number
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Duties:

Date of Employment: From _____ to _____.

Reason for Leaving:

Employer	Address
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Your Title	Supervisor's Name & Telephone Number
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Duties:

Date of Employment: From _____ to _____

Reason for Leaving:

SUPPLEMENTAL QUESTIONS

1) How would you work with the public:

2) How would you manage employees?

3) How would you handle record keeping?

By signing below, I certify that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment, or if already employed, will result in dismissal. My signature authorizes the City of Dodgeville to secure my driving record (if position requires driving), transcripts from educational institutional institutions to verify credits/degrees, employment-related information from former employers or references, and any information needed to complete a criminal background check. I understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the City of Dodgeville; I also understand that refusal to participate will result in the withdrawal of any offer of employment.

Signature _____ Date _____



AUTHORIZATION FOR RELEASE OF INFORMATION

CAREGIVER BACKGROUND CHECK

Completion of this form is required under the provisions of Chapter's 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Providing your Social Security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

(Please print legibly)

* Name: _____ / _____ / _____
(Last) (First) (Middle)

* Sex: _____ * Race: _____ * Date of Birth: ____ / ____ / ____ SS# ____ / ____ / ____
MM DD YYYY

Other Identifying Data (Maiden Name(s), Additional Names, etc.)

Address, City, State and Zip Code of applicant:

ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including the federal, state, local, military and tribal courts? ➤ If YES , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	☐	☐
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (Note: A response to this question is only required for a group and family day care centers for children and day camps for children.)	☐	☐

➤ If YES, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	YES	NO
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: ____ (Only employers and regulatory agencies entitled to obtain this information per se. 48.981(7) are authorized to, and should check this box.) ➤ If YES, explain, including when and where it happened.	☐	☐
4. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: ____ (Only employers and regulatory agencies entitled to obtain this information per se. 48.981(7) are authorized to, and should check this box.) ➤ If YES, explain, including when and where it happened.	☐	☐
5. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If YES, explain, including when and where it happened.	☐	☐
6. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If YES, explain, including when and where it happened.	☐	☐
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If, YES, Explain, including credential name, limitations or restriction, and the time period.	☐	☐

OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If YES , explain, including when and where it happened.	☐	☐
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If YES , explain, including when and where it happened and reason.	☐	☐
3. Have you been discharged from a branch of US Armed Forces, including any reserve component? ➤ If YES , indicate the year of discharge: _____ ➤ Attached a copy of your DD214 if you were discharged within the last 3 years.	☐	☐
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If YES , list each state and the dates you lived there.	☐	☐
5. Have you had a caregiver background check done within the last 4 years? ➤ If YES , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	☐	☐
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If YES , list the review date and review result. You may be asked to provide a copy of the review decision.	☐	☐

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in forfeiture of up to \$1000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

PRINT NAME: Signature:	Date Submitted:
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**City of Dodgeville-Dodgeville Area Ambulance Service
Application for Credentialing**

Provider Name: _____
Last First MI

Address: _____

Phone: _____

Alt Phone: _____

Email Address: _____

Certification Level: _____
License Number Expiration Date

CPR for Healthcare Provider Expiration: _____

ACLS Expiration: _____

PALS Expiration: _____

Attach copies of all certifications and Wisconsin license.

Candidate Signature Date