



# TOWN OF MACHIAS

17 STACKPOLE DR. • P.O. BOX 418

MACHIAS, ME 04654



## Addendum E – Ambulance / EMS

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This Addendum must be completed in addition to the Town of Machias Employment Application for positions within this department.

### Licensing & Certification Requirements

Maine EMS License #: \_\_\_\_\_

Level:  EMT  AEMT  Paramedic

License Expiration: \_\_\_\_\_

Please attach copies of all current EMS licenses or cards.

### Required or Common EMS Certifications (Check all that apply):

- BLS
- ACLS
- PALS
- EVOC or equivalent
- PEPP
- CPR Instructor
- ITLS / PHTLS
- Other: \_\_\_\_\_

Certification Expiration Date(s): \_\_\_\_\_

### Practical EMS Skills & Operational Readiness

#### Ability to Perform Essential EMS Functions

Can you safely perform the following tasks, with or without reasonable accommodation?

- Lift/carry 100+ pounds (stretcher/patient movement)?  
 Yes  No

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- Assist with patient movement in confined or uneven spaces?  
 Yes  No
- Perform duties for extended periods in unpredictable weather conditions?  
 Yes  No
- Tolerate exposure to blood, bodily fluids, strong odors, and emotionally stressful incidents?  
 Yes  No
- Work overnight shifts, early mornings, weekends, and holidays as needed?  
 Yes  No

If you answered "No" to any item, please explain: \_\_\_\_\_

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## Experience & Prior Service

Have you previously worked or volunteered with an EMS agency?

Yes  No

If yes, list agencies, roles, and duration: \_\_\_\_\_

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Have you ever been removed, suspended, or disciplined by an EMS agency or licensing body?

Yes  No

If yes, provide details: \_\_\_\_\_

## Driving & Ambulance Operation

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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Ambulance driving experience:

Yes  No

EVOC or Ambulance Vehicle Operator Certification:

Yes  No Expiration: \_\_\_\_\_

Have you been involved in a motor vehicle accident while on EMS duty?

Yes  No

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

## Infection Control & Safety Compliance

Do you understand and agree to comply with:

- OSHA Bloodborne Pathogens standards (29 CFR 1910.1030)?  
 Yes  No
- Universal Precautions and exposure control policies?  
 Yes  No
- Proper PPE use and decontamination procedures?  
 Yes  No

Have you completed annual bloodborne pathogens or infection control training?

Yes  No

## Confidentiality & Professional Standards

I acknowledge and agree to comply with:

- HIPAA (45 CFR Parts 160 & 164)
- Maine EMS confidentiality laws (32 M.R.S. § 90-B)
- Maine EMS Rules
- All Town of Machias privacy and records policies
- Limits on patient disclosure, documentation rules, and confidentiality in small communities

I understand that:

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- Violating patient confidentiality may result in termination, loss of license, and legal penalties.  
EMS providers must maintain strict professionalism, including social media conduct and off-duty confidentiality.

## Medical, Drug, and Fitness Requirements

I understand and agree that:

- I must complete a pre-employment fit-for-duty medical exam through Industrial & Family Practice (IFP) or another Town-approved provider.
- Continued employment may require periodic medical evaluations.
- I must comply with all Town of Machias drug and alcohol testing policies, including pre-employment testing and testing after incidents or reasonable suspicion.

## Background & Credential Verification

I consent to:

- Verification of all EMS licenses, training, and certifications
- Criminal background checks
- Driver's license and motor vehicle record checks
- Employment and reference checks

I authorize the release of any information necessary to confirm my qualifications for EMS employment.

## Acknowledgment

Print Name: \_\_\_\_\_

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

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

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