



RICHARD A. WATERMAN  
Chief

## Harmony Fire Department

194 Putnam Pike  
Glocester, RI 02814

Phone: (401) 949-1188  
Fax: (401) 949-1210

E-Mail:  
ChiefWatermanHFD@gmail.com  
Website:  
www.harmonyfd.com

### JOB DESCRIPTION

**Job Title:** Per/Diem Emergency Medical Technician (EMT)

**Purpose:**

This position is accountable for co-providing patient care by working with other EMT's as a life support team, contributing to the overall patient care in the areas of patient assessment, packaging and transport. This position interacts throughout the department internally and with patients, their family, friends, fire departments, law enforcement and hospital personnel, etc.

**Duties:**

- 1) Provide quality patient care utilizing a thorough knowledge and appropriate administration of RI State Protocols and the EMT's role in patient care.
- 2) Identify and treat any emergency medical situation with appropriate techniques, resources and equipment, while maintaining the highest standards of patient care according to the current RI State Protocol.
- 3) Maintain thorough knowledge of current EMT standards of care, along with equipment use and function.
- 4) Maintain comprehensive perception of the Town of Glocester's mapping and streets while demonstrating excellent driving judgment and due regard for public safety during operation and positioning of unit.
- 5) Keeping the unit and equipment clean, organized, restocked and ready after each response. Conduct an inventory of equipment as well as maintaining proper fuel. Report damage or malfunctions on the proper forms or to the proper authority daily.
- 6) Maintains a good cooperative working environment with internal and external contact.
- 7) Ability to perform medical care and other duties which may involve lifting and/or carrying patients up or down stairways.
- 8) Complete proper paperwork by end of shift (EMS reports, inventory checklist, etc.)

**Qualifications:**

RI EMT Certification – Cardiac level or higher (Harmony members who are Basic level may be used as fill-in's), CPR card, valid RI Driver's License, Failsafe driving, clean BCI.

*\*Copies of any other licenses or certifications applicable to the position should also be provided.*



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## PER/DIEM EMT GUIDELINES

Applications are taken at the Harmony Fire Department. They must be complete and approved by the Chief of the department. Additionally, new Per/Diem EMT's must be cleared to drive and made familiar with our equipment and computer programs before any Per/Diem shifts will be assigned.

Every new Per/Diem EMT must complete a 6 month probationary period. At the end of this probationary period the Chief will review the probationary Per/Diem EMT's performance and make the decision to either terminate them or add them to our Per/Diem Roster. Individuals will be advised in writing as to the Chief's decision.

*Note:* Being on the Per/Diem Roster does not guarantee being scheduled for shifts every month.

### Job Description:

Per/Diem (per day) Program runs Sunday thru Saturday, 8:00 am – 4:00 pm.

A maximum of 24 hours weekly can be worked.

There are NO benefits, paid holidays, sick or vacation time provided.

Hourly wage: EMT-B \$15.00 per/hour \*EMT-B's must be HFD members & are used for fill-in's only

EMT-C \$17.00 per/hour

Pay Roll is paid by Direct Deposit every Friday, for the prior week's shifts worked.

A Per/Diem *Daily Duties Calendar* will be posted, stating what tasks are expected to be completed daily, besides responding to emergency calls.

*Note:* It is the Per/Diem EMT's responsibility to provide copies of any updated licenses or certifications as they are received for their personnel files.

### Scheduling:

Scheduler – Kimberly Barber: E-mail [kimhfd@verizon.net](mailto:kimhfd@verizon.net) or Cell 330-8947

A sign-up calendar will be posted for Per/Diem EMT'S to sign up for available days in the upcoming month. Alternatively Per/Diem EMT's may e-mail their availability directly to the scheduler. All sign-ups must be done before the 20<sup>th</sup> of each month. The new schedule for the upcoming month will then be posted at the station by the 25<sup>th</sup>. A copy will be e-mailed to everyone on the Per/Diem Roster.

Per/Diem EMT'S are responsible for any shifts they sign up for. If an individual should find they are unable to complete their assigned shift, they must find a replacement and notify the scheduler of such change by e-mail or phone. In case of sickness or an unforeseen event where an EMT is unable to work their shift, they must notify the scheduler as soon as possible, so a replacement can be found. Repeated "giving away" of shifts or calling in will effect a Per/Diem EMT's opportunities for gaining future shifts and may result in termination.

### Policies and Procedures:

All Per/Diem EMT'S will follow the *Standard Operating Guidelines* of the Harmony Fire Department and will be working under the direct command of the Chief. Any employment questions may be answered by consulting the Harmony Fire District *Personnel Handbook* or posing them to the District Clerk.

ID# \_\_\_\_\_



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**PER/DIEM APPLICANT** \_\_\_\_\_

Date Application Received \_\_\_\_\_

Date Met With Applicant \_\_\_\_\_

APPROVED

DISAPPROVED

\_\_\_\_\_  
Chief's Signature

Per/Diem Probationary Period (6 months):

Date Started \_\_\_\_\_

Date Completed \_\_\_\_\_

Added to Per/Diem Roster:

Date \_\_\_\_\_

APPROVED \_\_\_\_\_

Chief's Signature

FOR OFFICE USE ONLY:

\_\_\_ Fire Pro \_\_\_ Field Bridge \_\_\_ QuickBooks \_\_\_ Outlook Express \_\_\_ Excel \_\_\_ Birthday Calendar



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## **APPLICATION FOR PER/DIEM EMPLOYMENT**

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.S. #: \_\_\_\_\_

*Federal Law Prohibits Age Discrimination*

E-Mail Address: \_\_\_\_\_

Are you a resident of the Harmony Fire District? Yes  No

Current Employer or Name of School: \_\_\_\_\_

How long at your present job? \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

### **Educational Background:**

High School/Tech School: \_\_\_\_\_

College/Vocational School: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Military Experience: \_\_\_\_\_

### **Previous Firefighting / ESO Experience:**

Fire Company/EMS: \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Total years involved in Fire Service: \_\_\_\_\_

#### **Fire Schools/Training [Firefighters/Rescue, EMS, etc.]**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

*\* Please provide copies of any certifications you may have (ie. EMT license, CPR card, etc.)*

**Health Information:**

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

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Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [fear of height, claustrophobia, etc.]

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Name of person to contact in case of an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

**Background Investigation:**

Have you ever been convicted of a felony? Yes  No

[If yes, please explain]

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**Requested Civil Rights Compliance Information:**

*The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.*

I do not wish to furnish this information

Ethnicity: Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

Race/National Origin: American Indian or Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

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**Please Provide Four References:**

Name	Address	Phone #
1.)	_____	_____
2.)	_____	_____
3.)	_____	_____
4.)	_____	_____

_____ SIGNATURE OF APPLICANT <i>* the applicant certifies that the above information is true and accurate</i>	_____ DATE
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_____ WITNESS SIGNATURE	_____ DATE
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***“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER.”***

# APPLICANT ACKNOWLEDGEMENT

*\*PLEASE READ CAREFULLY BEFORE SIGNING*

I, \_\_\_\_\_, hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of membership or immediate termination of membership regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee membership. I further understand that, should an offer of membership be extended by the Harmony Fire Department that such membership is “at will,” for no specified duration and may be terminated by either the department or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions or statements of the Harmony Fire Department or its representatives used during the approval process is deemed a contract of employment real or implied. I understand that no representative of the department except the Chief has the authority to enter into any agreement guaranteeing any conditions of membership or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Chief of the Harmony Fire Department.

Should I be accepted for membership by the Harmony Fire Department, I agree to conform to the rules, regulations, policies and procedures of the department at all times. I also realize that I must comply with all directions, orders and commands of the Chief and Officers of the department. I understand that such obedience is a condition of employment. I also understand that due to the nature of the Harmony Fire Department’s business, attendance and punctuality are considered essential requirements of every job at the department and that poor attendance or tardiness will result in disciplinary action.

If I am offered a position I may be required to submit to any or all of the following items as conditions of membership:

pre-employment medical examination, drug screening, physical agility testing, criminal background check. Unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any membership offer or termination of membership if already accepted. I also hereby agree to accept sole and exclusive responsibility for any injury which may occur during the administration of such physical examinations, and further acknowledge and agree that the Harmony Fire Department shall not be held liable for any injuries, loss of services, or support, expenses, cost, damages or in any manner whatsoever arising out of any injury, damage or claim that might result from the tests administered to determine physical qualifications for membership. Furthermore, I understand that if I am accepted for membership in the Harmony Fire Department, I am subject to all risks and hazards relative to the fire rescue service.

I understand that this application is considered current for one year. If I wish to be considered for membership after this period I must fill out and submit a new application.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

*The Harmony Fire Department is proud to be an equal opportunity organization. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.*