

# **CITY OF SHALLOWATER**

***WHERE TEXAS PRIDE RUNS DEEP***

The City of Shallowater accepts applications only for existing vacant positions. The City of Shallowater is an Equal Opportunity Employer, Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or non-job related medical/physical condition.

Position Applied for: \_\_\_\_\_ Date \_\_\_\_\_

## **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Do any of your relatives work for the City of Shallowater? \_\_\_\_\_

If yes, identify: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, identify: \_\_\_\_\_

Are you subject to any pending criminal charges? \_\_\_\_\_ If yes, identify: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If no, give your alien registration number: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If yes, # and State \_\_\_\_\_

## **EDUCATION SUMMARY:**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School attended: \_\_\_\_\_

City, State: \_\_\_\_\_

Did you graduate or receive GED? \_\_\_\_\_

**COLLEGE, UNIVERSITY OR TECHNICAL SCHOOLS ATTENDED:**

School Name, City and State	From	To	Major Course Of Study	Did you Graduate
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Degrees Received: \_\_\_\_\_

Describe any specialized training or educational honors you have received:


**SPECIAL SKILLS SUMMARY:**

Summarize any special skills you have acquired from employment or other experience:


List any job-related licenses or certifications that you possess:


**EMPLOYMENT SUMMARY:**

Beginning with present or most recent job, list all employment for the past 10 years. If you need additional space, continue on a separate sheet paper. **Resumes may not be submitted in place of employment summary;** but may be attached as a supplement to your application.

Employer	Date (mo/yr)	State job title and describe work performed
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Address	City	State	Zip Code
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Telephone	Hourly Rate/Salary	Start Date	End Date
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Name of Supervisor	Reason for Leaving
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Employer	Date (mo/yr)	State job title and describe work performed	
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Address	City	State	Zip Code
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Telephone	Hourly Rate/Salary	Start Date	End Date
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Name of Supervisor	Reason for Leaving
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Employer	Date (mo/yr)	State job title and describe work performed	
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Address	City	State	Zip Code
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Telephone	Hourly Rate/Salary	Start Date	End Date
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Name of Supervisor	Reason for Leaving
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May we contact your present employer? \_\_\_\_\_

**REFERENCES:**

List three non-relatives who have known you for at least three years. Do not include former employers.

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Name	Address	City, State, Zip	Telephone
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Name	Address	City, State, Zip	Telephone
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Name	Address	City, State, Zip	Telephone
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READ CAREFULLY BEFORE SIGNING:

Before completing this question, you must have had described to you or reviewed a copy of the job description detailing the functions and duties of the position for which you are applying. By completing this item, you are acknowledging your receipt and/or review of a description of such requirements for that position.

Can you perform the essential functions of the position for which you are applying without an accommodation? \_\_\_\_\_ If no explain.

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Have you been cited for traffic violations or had any at fault accidents in the past three years? \_\_\_\_\_

If yes, explain:

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NOTE: any employee whose job in part includes the operation of a vehicle for City business will be subject to termination if he/she becomes uninsurable due to violation on or off the job, accidents regardless of fault, and without regard to when such events occurred.

ARE YOU CURRENTLY CERTIFIED AS AN EMS PROVIDER BY THE STATE OF TEXAS? \_\_\_\_\_ WHEN \_\_\_\_\_

CIRCLE ONE: LEVEL ECA, EMT-B, EMT I, EMT-P

ARE YOU CURRENTLY EMPLOYED BY AN AMBULANCE SERVICE? \_\_\_\_\_

IF SO WHERE? \_\_\_\_\_

I hereby certify that I have accurately and completely filled out this form. I authorize the City of Shallowater to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment character, or credit. I hereby unconditionally release from all liability for any damage, whether caused directly or indirectly from giving or receiving this information or opinions, the City of Shallowater and any informant contacted whether named or unnamed.

I understand that, if employed, I will be required to follow the personnel policies and rules of the City of Shallowater and infractions of such rules may lead to my discharge. In the event of employment, I understand that any false or misleading information given in this application or interview may result in discharge whenever discovered.

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Date

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Signature of Applicant

**Note: This agreement is to be signed by employees of Shallowater EMS who have or will have any access to protected health information.**

## **CONFIDENTIALITY AGREEMENT**

This is an AGREEMENT between the parties listed below.

Date of AGREEMENT: \_\_\_\_\_, 200

Parties:        Shallowater EMS

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Printed Name of Employee Signing Agreement

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Job Title

### Purpose:

To ensure that the parties are aware of their responsibilities under the provisions of the laws of the State of Texas relative to confidentiality and privacy of protected patient health information and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that they will comply with the policies and procedures of Shallowater EMS concerning a patient's Protected Health Information (PHI).

### Policy Statement:

The information received from patients or others relative to the care of our patients is private and confidential and is protected from unauthorized use and disclosure by both federal and state law.

It is the policy of Shallowater EMS that all patient health information will be treated as private and confidential by all employees and other persons at all times. Such information will be known as Protected Health Information (PHI).

That if PHI is used or disclosed in any way which is not permitted by law, the instance of use or disclosure will be reported to the Privacy Officer identified in the Privacy Notice immediately.

Failure to comply with policies and procedures concerning PHI may result in suspension or termination of the relationship between employee and Shallowater EMS and/or the City of Shallowater, Texas, 79363 EMS.

Unauthorized use or disclosure of PHI may constitute a violation of state and federal laws, and employee may be liable for civil penalties of \$100.00, (\$3,000.00 under Texas Health Records Privacy Act, Chapter 181, H&SC) for each unauthorized use or disclosure, up to a maximum of \$25,000.00 in one year under federal law, or criminal penalties of up to \$250,000.00 fine and 10 years imprisonment under federal law. Employee may be further subject to a \$250,000.00 fine imposed by the State of Texas, and injunctive relief may be sought against employee by the Attorney General of the State of Texas if employee should violate either the provisions of the Texas Health Records Privacy Act or HIPAA.

If the employee, ceases to have an employment business relationship with Shallowater EMS for any reason employee agrees that employee will immediately return any and all PHI that employee may have in his or her possession to Shallowater EMS.

If employee's relationship with Shallowater EMS ceases, employee will continue to treat all PHI as confidential and comply with {your firm}'s policies and procedures concerning PHI.

\_\_\_\_\_ Initials

PHI may exist in any form, oral, written, electronic, or photographic.

Regardless of what form it is in, PHI will be kept confidential except as necessary for the following purposes:

Treatment

Payment

EMS Operations

When required to be reported or disclosed by law

The Policy and Procedures Manual of this organization provides detailed information about when, how, and to whom PHI can be used or disclosed.

Agreements:

Shallowater EMS agrees as follows:

That Shallowater EMS and the employee signing this agreement have either (1) a direct employer/employee business relationship or (2) a similar relationship by virtue of the person signing being an employee of Shallowater EMS in an employment capacity other than as a [fire, EMS, police, et cetera] employee.

That PHI may at times be transmitted to employee as an incidental part of employment, for treatment, health care operations, billing, records keeping, evaluation, audit, or for other purposes which are for the benefit of Shallowater EMS and/or the employee party.

Employee agrees as follows:

To treat any PHI received in the course of employee's relationship with Shallowater EMS as confidential and to comply with the provisions of Texas and Federal laws governing use and disclosure of PHI.



I, the aforesaid employee, have read and understand all policies and procedures of Shallowater EMS concerning PHI, and I have read a copy of the Privacy Notice posted in various locations, including ambulances, of the Shallowater EMS.

SIGNED AND AGREED ON THE DATE WRITTEN ABOVE.

Shallowater EMS

BY \_\_\_\_\_  
Authorized Representative

Employee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name:



Emergency Medical Services  
University Medical Center  
602 Indiana Ave  
Lubbock, Texas 79415  
(806) 743-1444

**Driver Acceptability and Continued Driving**

**(County Services)**

During the course of working for your County EMS Service your Motor Vehicle Record will be reviewed periodically. If at any time your driving history deems you unacceptable to our insurance carrier or our departmental set policy, your coverage will be terminated and you will no longer be able to drive for the service. Moving violations, accident frequency (regardless of fault) and other violations will be considered.

Agreed by \_\_\_\_\_

(Print name) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name as shown on driver's license

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

\_\_\_\_\_  
State / DL Number