

**PENDER  
EMS**  
VOLUNTEER EMS  
& RESCUE, INC.



**Headquarters**  
14388 Highway 210 West  
Rocky Point, NC 28457  
Tel: 910-675-9198 Fax: 910-675-9169  
[www.PenderEMS.com](http://www.PenderEMS.com)  
Woodrow W. Sullivan III, Director

---

Thank you for your interest in our agency, Pender Emergency Medical Service and Rescue. PEMS is a countywide, independent, Advanced Life Support (ALS) system providing emergency medical care and rescue services to the citizens and visitors of Pender County, North Carolina. Encompassing nearly 900 square miles of both rural farmland and developing Atlantic Coastal waters in Southeastern NC, Pender County offers a variety of opportunities for the outdoor enthusiast.

Our system currently operates both ALS and BLS transport units, ALS Quick Response Vehicles (QRV), as well as two Heavy Rescue trucks. Our medical protocols meet or exceed those of a "Model System", as set forth by the North Carolina Office of Emergency Medical Services (NCOEMS).

As Director, I have been involved in the development of emergency services for Pender County for more than twenty years. It is my belief that we are quickly becoming one of the premier EMS and Rescue agencies within our state. We utilize state of the art equipment, including fully equipped Physio-Control Life Pack 12's, and portable CPAP. We were recently awarded one of the newly formed State Medical Assistance Teams (SMAT), for response to regional and state wide large-scale incidents. Our Rescue Division is recognized by the state Fire Marshall's Office as qualified in; ocean rescue, still water rescue, wilderness search and rescue, and heavy rescue. Also, PEMS was recognized Continuing Education Institution for emergency medical technician (at all credentialing levels) and a certifying agency for the Rescue Technician program.

Pender EMS and Rescue is proud to provide our employees with the support to expand and improve their career opportunities. Along with our Board of Directors, our organization has been successful in procuring a benefits package for our employees, which is competitive with those of area systems, and superior to many agencies of similar size.

Thank you for your interest. To pursue a position with PEMS, submit this application by using the option of your choice (fax, mail, e-mail, or web form).

Sincerely,

Woodrow W. Sullivan III, Director

<b>Personal Information</b>	
Complete as fully as possible. The more information you provide, the more quickly we can process your application and come to a decision. Use separate sheets if necessary, but do not refer to your résumé.	
Date of Application:	
Date Available for Employment:	
Last Name and Generation Indicator (Jr., Sr., etc.):	
First and Middle Names:	
Nickname, i.e., the name you prefer to be known by. We'll use this instead of your first name on schedules, mailing lists, etc.:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
Other telephone number(s) PEMS may use to contact you, including area codes:	
E-mail Address:	
Social Security Number:	
Driver's License Number and Issuing State:	
Desired Employment:	<input type="checkbox"/> Full-Time EMS <input type="checkbox"/> Full-Time Rescue <input type="checkbox"/> Part-Time EMS <input type="checkbox"/> Part-Time Rescue <input type="checkbox"/> Volunteer EMS <input type="checkbox"/> Volunteer Rescue <input type="checkbox"/> Other:
Current Certification Level:	<input type="checkbox"/> EMT-Basic <input type="checkbox"/> Medical Responder <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Emerg. Rescue Tech. <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> None <input type="checkbox"/> Other:
Are you legally eligible for employment in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you meet attendance requirements for Desired Employment as listed in the Applicant's Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work overtime if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any felony offense in any jurisdiction during the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain on a separate sheet. A conviction does not necessarily bar you from employment.	



<b>Education</b>	
List educational institutions attended beginning with the most recent. At a minimum, include your last high school and the institution(s) from which you obtained any EMS or rescue certifications, if applicable. Continue on photocopies or separate sheets if necessary, but again please do not refer to your résumé.	
Date Begun:	
Date Ended:	
Name of Institution:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
Degrees, Diplomas, or Certifications Awarded, and other pertinent information:	
Date Begun:	
Date Ended:	
Name of Institution:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
Degrees, Diplomas, or Certifications Awarded, and other pertinent information:	

**References**

List at least three business, educational, or personal references familiar with your work or study habits. This list should not include relatives, previous employers, or previous supervisors.

Date Introduced:	
Last Name and Generation Indicator (Jr., Sr., etc.):	
First and Middle Names:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
E-mail Address:	
Date Introduced:	
Last Name and Generation Indicator (Jr., Sr., etc.):	
First and Middle Names:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
E-mail Address:	
Date Introduced:	
Last Name and Generation Indicator (Jr., Sr., etc.):	
First and Middle Names:	
Mailing Address:	
City, State, and Zip Code (+4 if available):	
Telephone Number, including area code:	
E-mail Address:	

<b>Additional Information</b>
Summarize below any additional information you would like PEMS to consider in making our decision. This information might include any special accomplishments, publications, awards, skills, qualifications, certifications, etc. Omit any information that might tend to reveal your age, gender, race, religion, national origin, sexual preference, disability, or other protected status. Use separate sheets if necessary.

**Applicant's Statement**

I understand that any misrepresentation I make on this Employment Application is sufficient cause for Pender Volunteer Emergency Medical Services and Rescue, Inc. (PEMS), to cease considering my Application immediately. If PEMS has made me an offer of employment when they discover my misrepresentation, that misrepresentation will be sufficient cause for PEMS to withdraw their offer. If I have begun employment with PEMS when they discover my misrepresentation, that misrepresentation will be sufficient cause for PEMS to end my employment immediately without notice and without further cause. I understand that any misrepresentation by me may also result in criminal prosecution for fraud.

I understand that North Carolina is an "at-will" employment state. This means that either PEMS or I may end my employment at any time, with or without cause, and with or without notice. I understand that no representative of PEMS has the authority to make any promises to the contrary, and I acknowledge that nobody has made any such promises to me.

By submitting this Application for PEMS to consider, I grant PEMS permission to investigate and confirm all references and other statements in this Application. PEMS may also secure additional information about me relative to my ability to perform necessary employment duties. I release PEMS and its representatives from liability for seeking such information, and I further release PEMS, its representatives, and all other persons, corporations, and organizations from liability for furnishing such information.

PEMS is an Equal Opportunity Employer. PEMS does not discriminate in employment, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that PEMS will keep my Application active for ninety days after the date signed below. At the end of that time, if I have not heard from PEMS and still wish to be considered for employment, I must submit a new application to re-start the application process.

**Attendance Requirements:** Full-time employees are required to attend all scheduled shifts, an average of 56 hours per calendar week. Part-time and volunteer employees are required to attend at least 36 hours per calendar month. In addition, all employees are required to attend all mandatory meetings. PEMS pays career employees for all mandatory meetings, at an overtime rate if applicable.

By my signature and date below, I certify that all of my statements in this Application are true, complete, and accurate, and I acknowledge that I have read, understand, and agree to this Applicant's Statement. If I tender this Application by electronic means (i.e., e-mail, database submission, etc.), it is only for my own convenience and expedience. In that case, I ask PEMS to accept my typed name and date below instead of my signature and hand-written date.

---

Applicant's Signature

---

Date