

EMT POSITIONS AVAILABLE

DATE: 02/04/2026

POSITION: EMERGENCY MEDICAL TECHNICIAN

AGENCY: PARAMUS EMERGENCY MEDICAL SERVICES

HOURS: UP TO 29 (POSSIBLY 38, OR MORE) HOURS PER WEEK

**WAGES: UNION CONTRACT – 2026 STARTING WAGES \$27.04 PER HOUR
PLUS \$2 SHIFT DIFFERENTIAL FROM FRIDAY 1800 TO MONDAY 0700**

BENEFITS: WORKERS COMPENSATION AND NJ PAID SICK LEAVE ACT



QUALIFICATIONS:

- U.S. CITIZEN
- AT LEAST 18 YEARS OLD
- PHYSICALLY FIT
- NJ OR NATIONAL REGISTRY EMT CERTIFICATION
- CARDIOPULMONARY RESUSCITATION CERTIFICATION
- VALID DRIVER LICENSE, GOOD DRIVING RECORD, GOOD BACKGROUND RECORD
- FLEXIBLE AVAILABILITY A "PLUS", ESPECIALLY SATURDAY AND SUNDAY



INTERESTED PERSONS SHOULD CONTACT:

**SANDI GUNDERSON, EMS PROGRAM COORDINATOR, OR,
MILT KOHLMANN, CHIEF**

Paramus Emergency Medical Services

1 West Jockish Square

Paramus, NJ 07652-2771

201-262-3400 x 5200

sgunderson@paramuses.gov and mkohlmann@paramuses.gov

employment application: <https://www.paramusborough.org/DocumentCenter/View/335/Paramus-EMS-Employment-Application-2017-07-27?bidId=>



**Borough of Paramus – Division of Emergency Medical Services
Employment Application**

Instructions: Use computer, typewriter or ink. Applications that are not properly and legibly completed will not be accepted; they may be rejected or returned. All items except signature are to be printed in block letters. If necessary for any particular question, use additional pages to complete your information.

1. Name (print): _____
First _____ Middle Initial _____ Last _____
2. Current Address: _____
Number & Street _____

City _____ State _____ Zip Code _____ Phone Number (Primary) _____
3. How long at this address: Years: _____ Months: _____
4. Social Security Number: _____
5. Email Address: _____
6. Are you currently enrolled in the Public Employees Retirement System (PERS)? ☐ Yes ☐ No
7. Do you possess a valid driver's license? ☐ Yes ☐ No
Driver's License Number: _____
8. Are you a US Citizen? ☐ Yes ☐ No If Naturalized, give date: _____
MM/DD/YYYY
9. Did you serve in the military? ☐ Yes ☐ No If "Yes", give the branch of service, date of enlistment, date and type of discharge, rank/ranks attained and whether or not you saw active duty.

10. Can you speak, read or write any language besides English? ☐ Yes ☐ No If "yes", specify language and to what degree.

11. Answering "yes" to any of the following questions will not necessarily preclude the application from consideration
- a. Have you ever been arrested? ☐ Yes ☐ No
- b. Have ever been convicted of a crime or a motor vehicle moving violation? ☐ Yes ☐ No
- If you have answered "yes" to either question, please describe each arrest/offense conviction, the year and the court:

**Borough of Paramus – Division of Emergency Medical Services
Employment Application**

12. Education:

a. Grade School and middle school: Dates attended: _____ to _____ Highest Grade Completed: _____
MM/DD/YYYY MM/DD/YYYY

b. High School: Name & Location: _____
Dates attended: _____ to _____ Did you Graduate? ☐ Yes ☐ No
MM/DD/YYYY MM/DD/YYYY

Attach copy of High School Diploma to application

c. College: Name & Location Dates From/To Diploma/Degree Attained

Major: _____ Minor: _____

d. Special Training, apprenticeships, courses, etc., not shown above:

<u>Course</u>	<u>Facility/Location</u>	<u>Length of Time</u>
---------------	--------------------------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

13. References: Provide the requested information for three (3) reliable persons, other than relatives or past employers, who know you well enough to provide us with information about you.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
-------------	----------------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List below your complete work history, starting with your present position and working backwards through your experience.

Employer: _____ Position Held: _____

Address: _____ Employed From: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

**Borough of Paramus – Division of Emergency Medical Services
Employment Application**

Employment History (Continued)

Employer: _____ Position Held: _____

Address: _____ Employed From: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Employed From: _____ to _____

Responsibilities: _____

Reason for Leaving: _____

15. Why are you applying for employment by the Borough of Paramus, Division of Emergency Medical Services?

16. Have you ever been a member of an emergency services organization? ☐ Yes ☐ No

If "yes", provide the name of the organization(s) and the reason for leaving.

17. List below any related and current certification(s) or credentials you possess:

18. Do you know of anything that would disqualify you for employment by the Borough of Paramus, Division of Emergency Medical Services, or prevent your full discharge of the official duties of such a position? ☐ Yes ☐ No

If "yes", please provide details.

Borough of Paramus – Division of Emergency Medical Services

Employment Application

19. In the space below please indicate any experience and/or training you have had or any specialized ability, which, in your opinion, may qualify you for the position for which this application is filed. Describe fully the position you have held which required executive ability, the exercise of authority, and the ability to lead others.

20. Check (✓) the shift times you are available.

	0000-0659	0700-1259 or 0600-1159	1300-1859 or 1200-1759	1900-2359 or 1800-2359
Sunday	☐	☐	☐	☐
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐

21. Submit the the following (as PDFs):

- ☐ Copy of high school diploma
- ☐ Copy of driver license (both sides)
- ☐ Copy of EMT card(s)
- ☐ Copy of CPR card
- ☐ Evidence of bloodborne pathogens training ☐ not available
- ☐ Evidence of epinephrine auto-injector training ☐ not available
- ☐ Evidence of Narcan training ☐ not available

22. All applicants must sign the following:

"I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Borough of Paramus."

Signature of Applicant

Date (MM/DD/YYYY)