

**DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES**

ROBERT D. MAUCH III
DEPUTY DIRECTOR



Sussex County

DELAWARE
sussexcountyde.gov

(302) 855-1000 T
(302) 855-7780 F

Thank you for your interest in Sussex County Emergency Medical Services (SCEMS). We are a third-service county government agency, providing advanced life support (ALS) for Sussex County, Delaware, the largest of Delaware's three counties. Our paramedics respond in rapid response vehicles to provide ALS service to a 964 square mile service area with a year-round population of over 230,000 people. Our summer population increases to more than 500,000 as part-time residents and tourists come to enjoy our beautiful Atlantic beaches. We average over 34,000 ALS responses each year, and due to our geography, 30 to 45-minute transport times are not uncommon. Patient transport is provided by BLS ambulance (with a SCEMS Paramedic on-board when ALS care is needed). When the patient's condition is critical, aeromedical transport is provided by the Delaware State Police or Christiana Care LifeNet. In some cases, the SCEMS Paramedic will fly with the patient to the receiving hospital.

As you prepare to submit your application, you will need to provide the following items:

- ☐ NREMT Paramedic Card
- ☐ Any State Paramedic certifications you may hold
- ☐ BCLS, ACLS, & PALS
- ☐ PHTLS/ITLS
- ☐ Driver's License
- ☐ An official Motor Vehicle Driving record from the state in which you are licensed
- ☐ A letter from your paramedic training center indicating your attendance and successful completion – This is only required if you have graduated within the last two years.

Please download and complete the forms listed below and return with your application.

- ☐ Identifying Information for Consumer Reporting Agency
- ☐ Authorization form to obtain Background/Credit checks
- ☐ Office of EMS Statement of Good Standing- This is to be completed by any state in which you are currently certified/licensed. You may submit your application while awaiting these to be completed.

If you have any questions, or need to submit any items after your application has been completed, please contact us at:

- 302-855-1000
- EMS-applicant@sussexcountyde.gov

Thank you and we look forward to receiving your application.

Robert Mauch
Deputy Director of Public Safety - EMS

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Background Check Policy and Procedure

All offers of employment at Sussex County Government are contingent upon clear results of a thorough background check. Background checks will be conducted on all final candidates that have been notified of the intent to proceed with their application in the employment selection process. Background checks may be completed on current employees as deemed necessary.

Background checks will include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth, and former addresses.
- **Prior Employment Verification:** confirms applicant's employment with the listed companies, including dates of employment, position held, and additional information available pertaining to performance rating, reason for departure, and eligibility for rehire. This verification will be run on the past two-employers or the previous five years, whichever comes first.
- **Personal and Professional References:** calls will be placed to individuals listed as references by the applicant.
- **Educational Verification:** confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
- **Criminal History:** includes review of criminal convictions and probation. The following factors will be considered for applicants with a criminal history:
 - The nature of the crime and its relationship to the position.
 - The time since the conviction.
 - The number (if more than one) of convictions.
 - Whether hiring, transferring, or promoting the applicant would pose an unreasonable risk to the business, its employees, or its customers and vendors.

The following additional background searches will be required if applicable to the position:

- **Motor Vehicle Records:** provides a report on an individual's driving history in the state requested. This search will be run when driving is an essential requirement of the position.
- **Credit History:** confirms candidate's credit history. This search will be run for positions that involve management of Sussex County Government funds and/or handling of cash or credit cards.

Procedure

All applicants are to complete the background check authorization form and return it to as part of the application packet. Once the applicant is notified of the intent to continue in the selection process, the background check process will be initiated.

FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Sussex County Government and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdiction's; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Sussex County Government or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original,

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name _____ First Name _____ Middle _____

Other Name(s) Used _____ Years Used _____

Current Address _____
Street/ P.O. Box City State Zip Code County Dates

Former Address _____
Street/ P.O. Box City State Zip Code County Dates

Social Security Number _____ Daytime Phone Number _____

Email Address _____

Driver's License Number _____ State of Issuance _____

*Date of Birth _____ *Gender _____

*Providing year of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during a background search.



STATEMENT OF GOOD STANDING

This form is used to verify the good standing of paramedic certification applicants who are certified by another state or United States territory. **It is the applicant's responsibility to send this to his or her certifying state.**

PART 1 (Completed by applicant)

NAME: _____ SS# _____

Current Address _____

I am requesting Delaware licensure based on certification in the following state or territory:

State: _____ Cert # _____ Exp. Date: _____

PART 2 (Must be completed by the state certifying agency)

Please assist by verifying that the above named individual is currently certified and in good standing according to your certification policies.

A. Is the above individual's certification deemed current and valid according to your policy? If No, please explain.

YES ☐

NO ☐

B. Has the above certification ever been revoked or suspended? If Yes, please explain.

YES ☐

NO ☐

C. Do you know of any reason certification in Delaware should be denied? If Yes, please explain.

YES ☐

NO ☐

Verifying person's name: _____

Verifying person's title: _____

Signature of verifying person: _____

Phone number: _____ Date: _____

Return to:

Sussex County EMS
21911 Rudder Lane
Georgetown, DE 19947
Fax 302-855-7780