

Village of Mt. Orab Fire Department Employment Application



Village of Mt. Orab Fire Department Application for Employment



<p style="text-align: center;">Office Use</p> <p>Application Received: _____ Forwarded to Safety Director: _____ Applicant Interviewed: _____ Application Action: _____ <input type="checkbox"/> Hold <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p>	<p style="text-align: center;">Position Applying</p> <p><input type="checkbox"/> Cadet <input type="checkbox"/> Full-time EMT-A/FF2 <input type="checkbox"/> Full-time Paramedic/FF2 <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Part-time EMT-B/FF1/FF2 <input type="checkbox"/> Part-time EMT-A/FF1/FF2 <input type="checkbox"/> Part-time EMT-P/FF1/FF2 <input type="checkbox"/> Paid per call EMT <input type="checkbox"/> Paid per call FF</p>
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Applicant Information

Application Date: _____

Name: _____
Last Name First Name MI

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Social Security #: ____ - ____ - ____ Date of Birth: _____

Mobile: (____) _____ Mobile Carrier: _____

Drivers License #: _____ State: _____ Expiration: _____ Email: _____

*****Please attach a copy of your Drivers License and official driving record with this application*****

Applicant Scheduling Availability

Please check all that apply:

<input type="checkbox"/> 6am-6pm Weekdays	<input type="checkbox"/> 6am-6pm Weekends	<input type="checkbox"/> Rotating
<input type="checkbox"/> 6pm-6am Weekdays	<input type="checkbox"/> 6pm-6am Weekends	<input type="checkbox"/> Holidays
<input type="checkbox"/> On call	<input type="checkbox"/> Other: _____	

Professional Certifications

Please check all that apply:

<input type="checkbox"/> Ohio EMT	Level: _____	Expiration: _____
<input type="checkbox"/> Ohio Firefighter	Level: _____	Expiration: _____
<input type="checkbox"/> National Registry EMT	Level: _____	Expiration: _____

Ohio Certification #: _____ National Registry Certification #: _____

<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> ACLS	<input type="checkbox"/> Investigator	<input type="checkbox"/> CPR Instructor	<input type="checkbox"/> Hazmat
<input type="checkbox"/> ITLS	<input type="checkbox"/> PALS	<input type="checkbox"/> AMLS	<input type="checkbox"/> Inspector	<input type="checkbox"/> ACLS Instructor	<input type="checkbox"/> NIMS
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Dive Rescue	<input type="checkbox"/> PEEP	<input type="checkbox"/> Other: _____	

*****Please attach copies of all active professional certifications to this application*****

Military Service

Date of Service: _____ to _____ Branch: _____

Rank: _____ Discharge: _____ Special Training: _____

Residential Information

Please list all residential information for the past seven years beginning with your current address.

Street: _____	City: _____	State: _____	From: _____	to _____
Street: _____	City: _____	State: _____	From: _____	to _____
Street: _____	City: _____	State: _____	From: _____	to _____
Street: _____	City: _____	State: _____	From: _____	to _____

Education

High School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____
School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____
School: _____	Address: _____	
Course of Study: _____	Diploma / Certification _____	Grad. Date: _____

Special Interests and Hobbies

Please list all special interests and hobbies you enjoy participating in: _____

Memberships in Organizations

Please list all Organizational Memberships and Affiliations

Organization Name: _____	Dates of Service: From _____	to _____
Organization Name: _____	Dates of Service: From _____	to _____
Organization Name: _____	Dates of Service: From _____	to _____
Organization Name: _____	Dates of Service: From _____	to _____

Are you now or have you ever been a member of or affiliated with an organization that advocates or practices violence and / or unlawful acts including but not limited to bombing, burning structures, murder, mayhem, rioting, kidnapping, extortion, or terrorism to effect political or social change? Yes No

I certify that the above information is true. **Signature:** _____

DMA Statement

To complete the following questions you will need to reference the Terrorist Exclusion List.
The list can be found at <http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Yes No 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
- Yes No 2. Have you used any position of prominence you have with any country to persuade others to support and organization on the U.S. Department of State Terrorist Exclusion List?
- Yes No 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
- Yes No 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
- Yes No 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
- Yes No 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge.

Signature: _____ **Date:** _____

Employment History

Please list your employment history for the past seven years beginning with the most recent or current employer.

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Employer Name: _____ Phone #: (____) _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From _____ to _____ Employment Status Full Time Part time
Supervisor's Name: _____ Final Salary: \$ _____ Hour Week Year
Your job title: _____ Skills or duties: _____

Authorization

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. Applicant Signature: _____ Date: _____
Please list any employer (s) listed above you do not wish us to contact and why: _____

Professional References

Please list three professional references and their contact information. Professional references should be persons who you have worked with or for who can attest to your work ethic and character. Do not list family members or friends in this section.

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Supervisor Owner Other: _____

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Supervisor Owner Other: _____

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Supervisor Owner Other: _____

Personal References

Please list three personal references and their contact information.

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Friend Clergy Other: _____

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Friend Clergy Other: _____

Name: _____ Title: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____
 Relationship: Co-worker Friend Clergy Other: _____

Personal Information

The following section is voluntary information. You are not required to complete the information in this section

Marital Status: Single Married Divorced Separated Widowed
 Number of children living at home: _____ Ages: _____

Emergency Contact Information

1st Emergency Contact	2nd Emergency Contact	3rd Emergency Contact
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Phone: (____) _____	Phone: (____) _____	Phone: (____) _____
Phone: (____) _____	Phone: (____) _____	Phone: (____) _____
Address: _____	Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____

General Agreement & Release of Information

I hereby certify that the answers herein contained are true and complete. I authorize the complete investigation of any and all statements contained in this application as may be deemed necessary by the Village of Mt. Orab or any of its officers. I understand that any false or misleading information given in writing or verbally could result in denial of employment or dismissal from the agency.

I understand that my final acceptance as an employee of this agency is largely dependent upon my successful completion of all the requirements of the Village of Mt. Orab Fire Department and the State of Ohio. If applying for a volunteer position, I understand that all certification requirements must be met within one (1) year of my appointment as a new staff member.

I further agree to abide by the Operational Policies and Procedures, and Medical Protocols of the department as well as all laws, state and federal, that apply to Emergency Medical Technicians and Firefighters at all levels or that apply to the department as a whole. I understand that all information I am exposed to concerning the department and/or the patients I come in contact with is confidential and cannot be discussed with persons outside the department except as required by law.

Signature of Applicant: _____ Date: _____
(Please continue to page 6)

Cadet / Parental Acknowledgment

I _____ am the parent or legal guardian of this applicant. I give this applicant my permission to participate in activities with the Mt. Orab Fire Department under the supervision of the cadet program.

I understand that membership in this program requires my child to maintain at least a "C" grade point average and that if his/her grades drop below the set average the cadet may be suspended or dismissed from the program.

I understand that my child may not report for emergency calls after 10 pm on school nights.

I understand that the Mt. Orab Fire Department has a "zero tolerance" policy regarding guns, alcohol, and substance abuse. If my child is suspected of any of the listed activities I will be notified immediately along with local law enforcement. If evidence is found of disregard of the "zero tolerance" policy, dismissal from the program will occur.

I understand that during the course of an emergent response my child may be exposed to very graphic visual images which may be disturbing. I agree to notify the cadet leader if I feel my child is having difficulty coping with any specific event.

I understand that the cadet program participants are not covered by accidental injury insurance and I agree not to hold the Village of Mt. Orab or any of its staff responsible for any injury or illness incurred by my child.

Signature of parent / legal guardian: _____ Date: _____

Signature of applicant: _____ Date: _____

Records Release

Village of Mt. Orab Fire Department
105 Spice Street PO Box 454
Mt. Orab, Ohio 45154
937-444-3945 fax: 937-444-4788

To Whom it May Concern,

I _____ permit any authorized representative of the Village of Mt. Orab Fire Department, Brown County, Ohio bearing this release, or copy thereof, within one (1) year of it's date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of employment investigation.

I hereby release you, as the custodian of such records, both individually and collectively, from any and all liability for damages whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Printed Name: _____

Signature: _____

Date: _____

General Department Information

The Village of Mt. Orab Fire Department is a municipal fire department which operates under the Village of Mt. Orab. We are committed to serving our response territory with prompt professional emergency services operations. The department was established in 1896. We answer approximately 1800 calls per year. We are the busiest department operating in Brown County, Ohio. Our rural setting, variety of incidents, aggressive protocol and special operational teams gives emergency service professionals a chance to utilize their skills and training to its fullest potential.

The department presently operates from three stations. Station 65 (Headquarters) is located in the Village of Mt. Orab and Station 66 is located on Eastwood Road and Station 67 is located in Greenbush. We cover approximately 95 square miles of territory and provide services to the Village of Mt. Orab, Green Township, Pike Township, Sterling Township, and Scott Township.

We also focus strongly on continued education and training. We encourage all staff members to attend off-site and departmental trainings. The Mt. Orab Fire Department is an accredited continuing education site. All courses are taught by approved instructors and count toward your required education credits.

We sincerely appreciate your interest in the department and hope to see you progress through the application process.

Employee Categories

Cadet– This program is for staff members who are 14-18 years of age and preparing for a potential career in Emergency Services. The program affords teens the opportunity to experience the career first hand in a safe environment. The program requires dedication from the teen and a minimum grade point average in school. This staffing level is strictly volunteer and members are not monetarily compensated for their services.

Observer- This program is designed for those who are not sure if they want to pursue a career in emergency services. The program affords the staff member the opportunity to ride-along with emergency personnel and experience first hand the types of calls they will be involved with should they choose this career path. This staffing level is strictly volunteer and members are not monetarily compensated for their services.

Paid per call Firefighter– This staffing level requires members to be Ohio certified firefighters. Staff members are not required to stay on station but rather can respond from home (within five minutes driving time from the station) to emergent calls. Staff members are compensated per hour from the time the call is initiated until the call is concluded. Staff members are required to attend training sessions and participate in organizational events.

Paid per call EMT- This staffing level requires members to be Ohio certified EMT's. Staff members are not required to stay on station but rather can respond from home (within five minutes driving time from the station) to emergent calls. Staff members are compensated per hour from the time the call is initiated until the call is concluded. Staff members are required to attend training sessions and participate in organizational events.

Part-Time EMT-B/I/P/FF1/FF2– Our part-time staff members are not required to live within our response territory. They must be cross-trained and priority is given to those with higher certification levels. They are scheduled 12 or 24 hour shifts and compensated at an hourly rate of pay. They are required to attend training sessions and encouraged to participate in departmental events.

We are an equal opportunity employer

Application Process

Cadets / Auxiliary - Once we have received your completed application you will be contacted and interviewed. After your interview the members of the respected department will vote on your staffing status. They will then forward your application along with their recommendation to the Fire Chief. The Fire Chief or designee will then contact you regarding your application status.

Observer - Your application will be reviewed and you will be called in for an interview. After completion of the interview process your application and documentation will be forwarded to the Fire Chief. The Fire Chief or designee will then contact you regarding your application status.

Paid per Call firefighter / EMT - Return this completed application along with all supporting documents to the Fire Chief. You will be contacted for an interview. After successfully completing the interview process you will be notified of additional procedures. Once the results are obtained from the exam your application and supporting documentation will be forwarded to the Mayor with the Fire Chiefs recommendation for hire. The Mayor will present your application at the following council meeting and they will then make a decision regarding your status with the department.

Part-time firefighter /EMT (all levels)- Return this completed application along with all supporting documents to the Fire Chief. You will be contacted for an interview. After successfully completing the interview process you will be notified of additional procedures. Once the results are obtained from the exam your application and supporting documentation will be forwarded to the Mayor with the Fire Chiefs recommendation for hire. The Mayor will present your application at the following council meeting and they will then make a decision regarding your status with the department.

Supporting Documentation Required (with application)

Required Document	Cadet	Observer	Paid per call	Part-time	Full-time
Drivers License (copy)	X	X	X	X	X
Official Driving Record	X	X	X	X	X
Certifications (if applicable)	X	X	X	X	X
Local Criminal Background Check	X	X	X	X	X
BCI Background Check		X	X	X	X
School Report Card	X				
Law Enforcement Report (if applicable)	X	X	X	X	X
Court Documents (if applicable)	X	X	X	X	X