



## **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

### **Qualifications and Procedures for Appointment to the Fire Department**

#### **1. Minimum qualifications for firefighter:**

A. Age – All probationary members shall be at least 18 years of age.

B. Education – All probationary members shall be High School Graduates or possess a General Education Development (G.E.D.) certificate, or equivalent, on or before the day of the interview with the Chief and/or his staff or representatives.

C. Citizenship – All probationary members shall be citizens of the United States and reside in Vermilion Township. Others residing outside of the township shall be granted acceptance upon approval of the Chief.

D. License – All prospective members shall hold a valid State of Ohio Driver's License.

#### **2. General qualifications for firefighter:**

A. Height and Weight – All prospective members shall have height and weight in proportion to be conducive to good health and allow the member to perform the many strenuous physical activities involved in the duties of firefighter.

B. Mental Capability – All prospective members shall be capable of comprehending and carrying out orders of a commanding officer at the scene of an emergency and have the ability to learn the necessary minimum requirements of a firefighter as listed in these Rules & Regulations governing fire service.

C. Mental Attitude – The following general characteristics shall be demonstrated by all prospective members; have a pleasant personality; be

interested and enthusiastic; be cooperative; and be cool and level headed, as well as be able to exercise common sense.

D. Reputation – A person's good name and standing in the community must definitely fit into the evaluation. Anyone convicted of a felony is disqualified from becoming a firefighter.

E. Appearance – Neat appearance coincides with self-discipline and is a trait conjunctive with the fire service. Consideration shall be hair length and general appearance, as deemed acceptable in the fire service and approved by the Chief.

F. Physical Condition – All firefighters shall be capable of performing strenuous physical work, which may occur during performance of duties at an emergency scene, or while undergoing training. There shall be no physical defects or internal organ disease, which may cause injury to the firefighter or endanger other firefighters or the public.

G. Agility Test – An agility test may be conducted by all probationary members. A list of the requirements for this test is appended to these Rules & Regulations. Failure of the agility test shall mean dismissal as a probationary member by the Chief. All department members will be expected to maintain a level of fitness to be able to complete agility test and will be expected to complete the course when done as a departmental training.

H. Background Check – All prospective members will undergo a background check of work and employee service records, personal references, and criminal records including driving violations as may be recorded by a law enforcement agency at the disposal of the fire department.

I. Interview – All prospective members will have an interview with the Chief and/or his officers. This interview will provide the means to better know the prospective member and discuss pertinent information about the fire service and information gathered from the background check on the proposed member.

J. Physical Examination – A physician designated by the Township Trustees prior to becoming a probationary member shall make a physical examination and drug test of all probationary members and the Trustees will pay the cost of this exam. Failure to pass the physical shall mean dismissal as a probationary member and reimbursement to the Township for cost of the exam.

K. Obtain and maintain a minimum certification Emergency Medical Technician – Basic level. It is the member's responsibility to obtain the required hours to maintain the certification.

L. Obtain and maintain a minimum certification of Firefighter I level. It is the member's responsibility to obtain the required hours to maintain the certification.

M. If a member does not have their EMT-Basic or Firefighter I prior to employment, Vermilion Township will cover the cost of the tuition for these initial classes. If the member does not successfully complete these classes it will be the responsibility of the member to obtain this certification at their own cost. If Vermilion Township pays the tuition for a member of the Fire Department, that member agrees to serve the Township for a minimum of two years after receiving said certification. If the member cannot fulfill the minimum requirement he/she agrees to repay Vermilion Township the pro-rated tuition for the time under the 2 year minimum.

N. Members will make themselves available to obtain their EMT-B and firefighter I as classes become available.

### **Duties of a Probationary Firefighter**

1. General Discipline – All probationary members shall be subject to all articles, sections, and paragraphs pertaining to a firefighter as set forth within these Rules & Regulations, unless otherwise specified.

2. Probationary Period – Following acceptance by the Chief of Vermilion Township Fire Department and the Vermilion Township Trustees, the probationary period will be 6 months from the date of hire or 6 months after member receives the minimum Firefighter I and EMT-B certifications.

3. Duties of a Probationary Member:

A. Driving of fire department vehicles shall be restricted to training exercises and non-emergency responses until the member has been signed off by an officer of the department and approved by the Chief. (It is the Officer's discretion to deviate from this rule if emergent circumstances require them to do so).

B. Assignments pertaining to positioning on apparatus and duties relative to emergency responses shall be the responsibility of the officer in charge and will generally follow the response procedures attached to these rules.

C. All probationary members will familiarize themselves with these Rules & Regulations and material contained in this manual.

D. All probationary members will develop a working knowledge of all emergency equipment and vehicles at the station and will follow a training course prescribed by the Chief and/or his Officers.

(Please Print)

Position(s) applied for: Application	Date of
<hr/>	
Name: _____	
Address: _____	
Telephone Number: _____	
Social Security Number: _____	

Best Time to contact you at home is: _____ A.M/ P.M
Have you been a firefighter before: YES / NO If yes, with what department: _____
May we contact this department: YES / NO
Do you have a valid driver's license? YES / NO Driver License Number _____ Exp. Date: _____
Have you ever been convicted of a felony within the last 5 years? YES / NO
Have you been convicted of a drug- related felony or misdemeanor? YES / NO

Conviction will not necessarily restrict employment. A determination on employment will be made After a full review of the circumstances of the conviction, provided certification mat be granted.

Person to notify in case of an emergency:	
Name: _____	Relationship: _____
Address: _____	Phone: _____

## Education

	Name Address of school	Course of study	Years Completed	Diploma Degree
Elementary School	<hr/>			
High School	<hr/>			
Undergraduate School	<hr/>			
Other (Specify)	<hr/>			
Special training that May be helpful in this job	<hr/>			

## Employment Experiences

Start with your present or last employer. Include any job- related military service assignments and volunteer activities. You may exclude organization which indicates race, color, religion, national origin, or other protected status.

Employer	Dates Employed From      To	Work Performed
<hr/>		
Address		
<hr/>		
Telephone Number(s)		
<hr/>		
Job Title	Supervisor	
<hr/>		
Reason for leaving		
<hr/>		

Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for leaving		

Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for leaving		

## References

References may not include relatives.

1. Name	Telephone Number
Address	
2. Name	Telephone Number
Address	
3. Name	Telephone Number
Address	

\*May we contact your references?

By my signature I acknowledge that the information on this application is true, complete and accurate and grant an unconditional release to Vermilion Township to seek references information in the determination of employment suitability. I further acknowledge that the township has provided me with the general duties or description for the position for which I am applying and that I can perform the duties of \_\_\_\_\_ with \_\_\_\_\_ without a reasonable accommodation.

Note: Any falsification, misrepresentation or omission or required information on this or any other employment form shall be grounds for immediate termination, regardless of when such falsification, misrepresentation or omission is discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Vermilion Township Fire Department

## Authorization for Disclosure and Collection of Information

By this document, The Vermilion Township Fire Department, Erie County, Vermilion Ohio herein after called the Fire Department, disclosed to you that we may obtain a Motor Vehicle Record (MVR) check for employment purposed as part of the pre-employment evaluations of your application or at any time during your employment.

I hereby authorize the Fire Department to obtain a Motor Vehicle Record (MVR) check as part of the pre-employment process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Fire Department to procure a Motor Vehicle Records Check at anytime during my employment period.

I understand that my signature authorizes the release of any and all motor vehicle information to the Fire Department that is requested by the Fire Department forms any public agency that provides motor vehicle information and receives a copy of this authorization. A copy of this authorization shall be relied upon as if it were an original.

\_\_\_\_\_  
Applicant's/Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Employee's Signature

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

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State License Issued

\_\_\_\_\_  
Chief Frank R. Triana

\_\_\_\_\_  
Date



What level of EMS do you hold? First Responder \_\_EMT Basic\_\_ EMT P\_\_\_\_\_

How long have you held your EMT certification? \_\_\_\_\_

Where did you attend EMT school?\_\_\_\_\_

Did you play Sports?\_\_\_\_\_What sport?\_\_\_\_\_

Where you in the military?\_\_\_\_\_How long?\_\_\_\_\_

What level of Fire certification are you?\_\_\_\_\_

How many hours can you work a week?\_\_\_\_\_

Have you ever been convicted of a felony?\_\_\_\_\_

Date convicted?\_\_\_\_\_What was the charge?\_\_\_\_\_