



MAYFIELD VILLAGE FIRE DEPARTMENT PART TIME HIRING PROCEDURE

INITIAL FACE TO FACE SCREENING INTERVIEW

COPY OF ALL CURRENT CERTIFICATIONS & CERTIFICATES

PHOTO

DRIVING RECORD CHECK – (Must obtain copy from BMV to submit with application)

CRIMINAL RECORD CHECK – (Will need to go to MVPD for fingerprint and record check, you will be notified when to go)

PHYSICAL EXAM – (Provide a note from physician)

POLYGRAPH TEST

PSYCHOLOGICAL EXAM

PARAMEDIC CERTIFICATION

260HR LEVEL 2 FIREFIGHTER CERTIFICATION

UPON APPOINTMENT WITH THE MAYFIELD VILLAGE FIRE DEPARTMENT – YOU WILL BE “IN TRAINING” FOR NO LESS THAN SIX (6) MONTHS, UNLESS YOU HAVE AT LEAST TWO (2) YEARS OF FULL TIME FIREFIGHTING/PARAMEDIC EXPERIENCE.

Please sign and return one copy of this form with application (keep one copy for yourself):

Date: _____

The above procedures adopted and approved this 20th day of October, 2016



Chief Eugene Carcioppolo

DATE RECEIVED: _____



MAYFIELD VILLAGE FIRE DEPARTMENT
FIRE DEPARTMENT APPLICATION
FOR PART – TIME EMPLOYMENT

MAYFIELD VILLAGE IS AN EQUAL OPPORTUNITY EMPLOYER
AND DOES NOT DISCRIMINATE ON THE BASIS OF
RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION, AGE,
VETERAN STATUS, SEXUAL ORIENTATION,
DISABILITY OR ANY OTHER UNLAWFUL BASIS IN EMPLOYMENT

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(last) (first) (middle initial)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE #: _____

DO YOU HAVE FIREFIGHTING TRAINING? () YES () NO

ARE YOU: PARAMEDIC: () YES () NO EMT: () YES () NO

STATE CERTIFICATION NUMBER: _____ EXPIRES: _____

PLEASE READ INSTRUCTIONS CAREFULLY

This personal history questionnaire is intended for the use of the Mayfield Village Fire Department and its' safety forces. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, by the Mayfield Village Police Department. Unless otherwise required by Ohio Law, information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

If you are hired, at some point in your career you may have to take a polygraph and drug test as a condition of continued employment. (INITIAL _____)

The answers to questions contained in this questionnaire must be printed, in your own hand, legible in ink only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstances, print "DNA" (DOES NOT APPLY) in the blank. When answering questions requiring dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. UNDER OHIO REVISED CODE SECTION 292 1.13

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. BOTH THE OHIO REVISED CODE AND THE CODIFIED ORDINANCES OF MAYFIELD VILLAGE PROVIDE PENALTIES FOR MAKING A FALSE STATEMENT OF A MATERIAL FACT, OR FOR PRACTICING ANY FRAUD OR DECEPTION IN OBTAINING OR ATTEMPTING TO OBTAIN MUNICIPAL EMPLOYMENT. SUCH PENALTIES INCLUDE REJECTION FOR APPOINTMENT OR DISCHARGE AFTER APPOINTMENT AND/OR PROSECUTION.

WAIVER
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or other authorized representative of Mayfield Village Police or Fire Department bearing this release, or copy thereof, to obtain any information in your files pertaining to arrest with conviction records or anything else which may pertain to my person.

This release is executed with full knowledge and understanding that the information is for the official use of Mayfield Village. I hereby release any custodian, officer, or other employees, both individual and collectively, from any and all liability because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of the release, you may contact me as indicated below:

Date: _____

Signature: _____

Full name – typed or printed: _____

Current address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

STATE OF OHIO

COUNTY OF _____

_____, being first duly sworn on his/her oath says that the statements made and subscribe by him/her in the forgoing application are true.

(Signature of Applicant)

Subscribe in my presence by the said affiant and by him/her sworn to before me this _____ day of _____, 20____.

(Notary)

(Printed Name)

My commission expires: _____

1. ARE YOU A UNITED STATES CITIZEN: YES () NO ()

2. HAVE YOU REACHED THE AGE OF 18 YEARS: YES () NO ()

3. WHO SHOULD BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO APPLICANT: _____

4. LIST ALL PREVIOUS ADDRESSES: FROM (MO.-YR.) TO (MO.-YR.)

5. EDUCATION:

DID YOU GRADUATE FROM HIGH SCHOOL: YES () NO ()

NAME OF HIGH SCHOOL ATTENDED: _____ LOCATION: _____

COLLEGE, UNIVERSITY, TRADE SCHOOL ATTENDED: DEGREE: YES () NO ()

6. WORK EXPERIENCE: LIST ALL JOBS YOU HAVE HAD IN THE LAST SIX YEARS. LIST YOUR MOST RECENT JOB FIRST. IF YOU NEED MORE SPACE, YOU MAY ATTACH ADDITIONAL SHEETS.

From: month – year to month – year

Exact title of position:

Name and address of your employer

Salary per month:

Your duties were:

Name and Title of your Supervisor

Reason for leaving

From: month – year to month – year

Exact title of position:

Name and address of your employer

Salary per month:

Your duties were:

Name and Title of your Supervisor

Reason for leaving

From: month – year to month – year

Exact title of position:

Name and address of your employer

Salary per month:

Your duties were:

Name and Title of your Supervisor

Reason for leaving

From: month – year to month – year

Exact title of position:

Name and address of your employer

Salary per month:

Your duties were:

Name and Title of your Supervisor

Reason for leaving

7. MILITARY SERVICE: BRANCH OF SERVICE _____
FROM _____ TO _____ RANK AT DISCHARGE _____

8. ANY SPECIAL QUALIFICATIONS? Special training experience or abilities that you have which would be of value to you as a prospective firefighter/paramedic:

9. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? If yes, state circumstances and address of employers:

10. HAVE YOU EVER BEEN IN A TRAFFIC ACCIDENT REGARDLESS OF WHETHER OR NOT THE ACCIDENT WAS YOUR FAULT:

DATE: _____ POLICE INVESTIGATION: YES () NO ()

LOCATION: _____ CAUSE OF ACCIDENT: _____

INJURY OR NON-INJURY: _____ WHO WAS LEGALLY AT FAULT: _____

DATE: _____ POLICE INVESTIGATION: YES () NO ()

LOCATION: _____ CAUSE OF ACCIDENT: _____

INJURY OR NON-INJURY: _____ WHO WAS LEGALLY AT FAULT: _____

11. HAVE YOU EVER APPLIED AT ANY OTHER FIRE DEPARTMENT:

CITY	DATE	POSITION	STATUS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME DUE TO MY STATUS AS AND AT-WILL EMPLOYEE OF MAYFIELD VILLAGE. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO MAYFIELD VILLAGE RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR MAYFIELD VILLAGE'S OPTION.

I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY MAYFIELD VILLAGE.

SIGNATURE

DATE



MAYFIELD VILLAGE FIRE DEPARTMENT

JOB DESCRIPTION

JOB DESIGNATION: Fire Fighter/Paramedic

DEFINITION: The Mayfield Village Fire Department Fire Fighter/Paramedic follows orders of superior officers of the fire department on a daily basis, and responds to emergency fire and emergency medical calls, and any other call that our department is called on to mitigate.

ESSENTIAL JOB FUNCTIONS:

The Fire Fighter/Paramedic of the Mayfield Village Fire Department shall be responsible for the safety and protection of the residents, employees, and patrons of Mayfield Village and all mutual aid communities, and with reducing the risk of emergency calls in the Community. The Mayfield Village Fire Department Fire Fighter/Paramedic shall follow applicable Mayfield Village Fire Department Rules and Regulations, Policies and Procedures, General Orders, Informational Bulletins, Personnel Orders, and any lawful verbal orders passed down from a superior officer. The Mayfield Village Fire Department Fire Fighter/Paramedic performs daily duties, fire suppression activities, rescue activities, emergency medical services, and drives, operates and maintains vehicles, checks and maintains fire department equipment and personal protective equipment. Participates in Company fire training, required EMS training, and all training required to maintain their fire fighter, paramedic status to keep it current. Completes records and reports; may aid in preparing specifications for fire apparatus; executes all firefighting operations; shall respond and take charge of emergency calls when on duty; may respond and take charge of emergency calls when off duty; The Mayfield Village Fire Fighter/Paramedic may make assignments and supervise subordinate department members in accordance with the chain of command, in the absence of a Lieutenant at which time the Fire Fighter/Paramedic would then



assume the roles and responsibilities of the Lieutenant and be deemed with the same obligation and responsibility to the department.

EQUIPMENT:

Equipment Essential to the Job: Ohio Fire Code, NFPA Life Safety Code, Municipal Code, Uniform Building Codes, professional journals, mobile radios, portable radios, motorized fire apparatus, fire equipment and appliances, motorized emergency medical services apparatus, emergency medical services equipment and appliances, blueprints, fax machine, telephone, light vehicles, calculator, employee benefits manual, firefighting reference text, fire pre-plans, and water distribution maps, departmental computers, tablets, and cellular devices and mainframe based programs, word processing, spreadsheet, database, and computer calendar software; computer printer, U.L. listed appliances and equipment, OSHA regulations, fire department equipment manuals, Personal Protective Equipment, Self-Contained Breathing Apparatus, Self-Contained Underwater Breathing Apparatus, Confined Space Breathing Apparatus, and all applicable Ohio Administrative Code and Ohio Revised Code provisions, all applicable Ordinances of Mayfield Village, and the Charter of Mayfield Village.

PHYSICAL AND ENVIRONMENTAL CHARACTERISTICS:

Required Physical Activities: Climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, palpating, grasping, talking, hearing, repetitive motions.

Fire Fighter/Paramedic Physical Characteristics of Work: Working in austere conditions including but not limited to extreme temperature differentials, entering atmospheres Immediately Dangerous to Life and Health (IDLH), IDLH environments may include but are not limited to structure fires, wild-land fires, confined spaces, structural collapses, natural disasters, post explosion areas, wearing and utilizing restrictive protective clothing, utilization of a Self-Contained Breathing Apparatus, Self-Contained Underwater Breathing Apparatus, Confined Space Breathing Apparatus, and The Essential Fire Fighting Job Functions Outlined by NFPA 1582.



EMPLOYMENT STANDARDS:

Licenses and Certificates:

A Valid State of Ohio driver's license is required.

A Valid State of Ohio Fire Fighter Level Two Certification is required.

A Valid State of Ohio EMT-Paramedic Certification is required.

A Valid AHA BLS Provider Card is required.

A Valid AHA Advanced Cardiac Life Support Card is required.

A Valid AHA Pediatric Advanced Life Support Card is required.

Education and Experience:

Possession of an Associate Degree or higher in Fire Science is preferred, but not required