

CITY OF EUCLID, OHIO

LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

MINIMUM QUALIFICATIONS	
CERTIFICATIONS	MUST POSSESS CURRENT AND VALID STATE OF OHIO CERTIFICATIONS AS A PARAMEDIC AND FIREFIGHTER II AT TIME OF APPOINTMENT.
EXPERIENCE	THOSE WHO HAVE WORKED AS A FIREFIGHTER FOR AT LEAST 2,496 HOURS WITHIN THE PAST TWO (2) YEARS IN ANY POLITICAL SUBDIVISION IN THE STATE OF OHIO.
AGE	MUST BE AT LEAST 20 YEARS OLD AT TIME OF APPOINTMENT AND NOT OLDER THAN 41
CITIZENSHIP	MUST BE A CITIZEN OF THE UNITED STATES.
EDUCATION	HIGH SCHOOL DIPLOMA OR G.E.D. REQUIRED.
FITNESS FOR DUTY	MUST POSSESS THE STRENGTH AND PHYSICAL ABILITY TO SUCCESSFULLY PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE FIREFIGHTER/PARAMEDIC CLASSIFICATION, AND BE FREE OF ANY CONDITION THAT WOULD PRECLUDE ONE FROM SUCCESSFULLY PERFORMING SAID FUNCTIONS OR WOULD POSE A DIRECT THREAT TO THE HEALTH OR SAFETY OF ONESELF OR OTHERS. EXCELLENT COMMUNICATION SKILLS, EMOTIONAL STABILITY AND MATURITY ALSO REQUIRED.
PHYSICAL AGILITY	<p>MUST POSSESS AND SUBMIT AN APPROVED PHYSICAL AGILITY TEST. MAKE SURE YOUR PHYSICAL AGILITY (TRI-C PAT, CPAT, AUBURN PAT ONLY) IS ACCEPTABLE. YOUR PHYSICAL AGILITY MUST HAVE A FOUR-MINUTE AND THIRTY-SECOND OR FASTER TIME ON IT.</p> <p>ACCEPTABLE AGILITY TEST CERTIFICATES:</p> <ul style="list-style-type: none"> • TRI-C AGILITY TEST WITH A TIMING OF 4.5 MINUTES OR LESS • AUBURN AGILITY TEST WITH A TIMING OF 4.5 MINUTES OR LESS • CPAT MUST MEET THE MINIMUM CPAT REQUIREMENTS.
DRIVER'S LICENSE	MUST POSSESS A VALID OHIO DRIVER'S LICENSE AND HAVE AN ACCEPTABLE DRIVING RECORD AT TIME OF APPOINTMENT.
VISION	CORRECTED VISION OF 20/20 AND UNCORRECTED OF 20/125 OR BETTER, BOTH EYES.
RESIDENCY	RESIDENCY IN THE CITY OF EUCLID IS NOT REQUIRED, HOWEVER, ALL EUCLID FD EMPLOYEES MUST LIVE NOT MORE THAN A ONE HOUR'S DRIVE TO THE CITY OF EUCLID.

OTHER REQUIREMENTS NECESSARY

Must be willing to work irregular hours (24-hour shifts), including holidays and weekends, sometimes with a lack of rest. In addition, position requires the ability to apply knowledge, skills, and abilities to protect life and property while working as part of a team. The tolerance and understanding of different cultures and ideologies are essential. Candidates selected must comply with departmental policies and procedures and work under adverse or potentially hazardous and/or hostile conditions.

Must exhibit and practice integrity, teamwork, professionalism, and courage and be of good moral character, having never been convicted of a felony, and free from any physical, emotional, or mental condition which would preclude one from successfully performing the essential functions of the job. Must be able to read and interpret complex technical documents written in English, such as protocols, policies/procedures, orders, memos, and training bulletins. Must be able to communicate clearly and effectively with citizens, demonstrate sound judgment, and operate within the command structure of the EFD.

At minimum, a medical examination, psychological testing, and polygraph testing will be required prior to appointment. An extensive and thorough background check will also be completed.

(Note: If you cannot meet one or more of the minimum qualifications due to a disability, you may submit an application. We will consider your situation on an individual basis.)

CITY OF EUCLID, OHIO

LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Information and Instructions

- If you meet the qualifications detailed on page 1, follow all instructions on each page.
- Only typewritten responses will be accepted.
- Complete all information requested in the application packet. Make sure responses are as complete and detailed as possible. Use extra pages as needed. Include your name, date, and the position you are applying for on all extra pages.
- Pages 4 through 7, inclusive, of this packet must be returned to the Euclid Fire Department.
- The affidavit on page 7 must be notarized.
- Attach your résumé and any other information you think relevant to our consideration of your application. Write your initials at the bottom right corner of any document you attach.
- All information included with the application packet is subject to verification through interview(s), background investigation, reference check(s), and polygraph testing.
- Submission of false information will result in disqualification from the application process, eligibility list, appointment, and/or employment if discovery of falsification occurs after appointment.
- Return all application materials to the Euclid Fire Department, 775 East 222nd Street, Euclid, Ohio, 44123. The Euclid Fire Department assumes no responsibility for timely receipt of applications which are sent by mail.
- If you change residence address or phone number at any stage of the application process you must immediately notify the Euclid Fire Department. The Euclid Fire Department assumes no responsibility for locating candidates who have changed their contact information.
- Inquiries or assistance regarding these instructions or any other matter raised herein should be directed to Fire Chief Jay Womack at (216) 289-8401.

Application Process

Application period	Application packets of lateral Entry Firefighter/Paramedic will be ongoing and continuous until further notice.
Obtaining an application packet	To complete an application, an applicant can download the application packet at www.cityofeuclid.com (click on the "Lateral Firefighter/Paramedic" link).
Deadlines for returning application	Applications will be received at any time. However, applications lacking all required materials will not be considered unless otherwise noted in this packet.
Where to return application materials	You may submit your application packet in one of two ways: <ol style="list-style-type: none">1. From 8:30am to 4:30pm Monday through Friday in person at the Euclid Fire Department, 775 East 222nd street, Euclid, Ohio, 44123; or2. By mail to the Euclid Fire Department, 775 East 222nd Street, Euclid, Ohio, 44123, "Attn: Fire Chief Jay Womack"

CITY OF EUCLID, OHIO
LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Return of Application Materials Checklist

Directions

Use this checklist to ensure you return all required items to the Euclid Fire Department, 775 East 222nd Street, Euclid, Ohio, 44123.

It is not necessary that this form be returned. It is provided only for your convenience.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Employment Application (pages 4-5)
(additional information will be required prior to appointment) |
| <input type="checkbox"/> | Document Certification Form (with attachments) (page 6) |
| <input type="checkbox"/> | Notarized Lateral Entry Firefighter/Paramedic Affidavit (page 7) |
| <input type="checkbox"/> | Résumé (recommended) |
| <input type="checkbox"/> | Equal Employment Opportunity (EEO) form (OPTIONAL) |
| | Proof of Hours Worked (2,496 hours minimum in the last 2 years) |

Do not return this sheet

CITY OF EUCLID, OHIO

LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Application for Employment

Equal Employment Policy: It is the policy of the City of Euclid to seek and employ the best qualified individuals for all positions, to provide equal opportunity for the advancement of employees, including upgrading, promotion and training, and to administer these activities in a manner which will not discriminate against any person because of race, religion, sex, age, disability, color or national origin.

Personal Information				
Last Name		First Name		Middle name
Home Address		City	State	ZIP
Mobile Phone	Other Phone		Email Address	

Position Applied For		
Department: Fire	Dept. ID: 18035	Title: Firefighter/Paramedic – Lateral Entry

Education			
School and location	Circle last year completed	Degree	Major area of study
College	1 2 3 4 5 6 Graduated? Y N		
High School	9 10 11 12 Graduated? Y N		

Conviction Information			
<u>Have you ever been convicted of a crime other than a minor traffic violation? (if yes, complete below)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Reason	Disposition of Case	Place (city/state)

Employment			
Present Employer		Address	
Date Started	Current Pay	Employer Website	Phone Number
Duties Performed			
Name, Title, and Phone Number of Immediate Supervisor			

CITY OF EUCLID, OHIO
LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false statements or omissions on this application are grounds for immediate disqualification or dismissal upon discovery thereof. I authorize all persons, schools, companies, and government agencies to give you any and all information concerning my background, personal or otherwise, and release all parties from liabilities for any damage that may result from furnishing the same to you. I understand that I may be required to undergo medical examinations before beginning work to determine my ability to perform the duties of the position applied for and failure to undergo such medical examinations shall be grounds for disqualification.

In consideration of my employment, I agree to abide by the City of Euclid's ordinances, and the policies, procedures, rules, and regulations of the Euclid Fire Department. I understand that my employment and compensation can be terminated with or without cause and with or without prior notice, at any time, at the option of either the City or myself. I understand that no manager or supervisor other than the Mayor has any authority to employ persons on behalf of the City, but not contrary to the foregoing.

I hereby authorize the City of Euclid to release this application to private or public employers seeking to fill job openings.

_____ (Signature)

_____ (Date)

CITY OF EUCLID, OHIO

LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Document Certification Form

Directions

Complete and return this form with a copy of your Driver License, Firefighter II and Paramedic certifications and all other required documents to the City of Euclid Fire Department, 775 East 222nd Street, Euclid, Ohio, 44123.

Name (Last, First, Middle)	Driver License Number	Social Security Number	
Name of High School (include address)	Month/Year of Graduation	Diploma/GED Date	Diploma or GED attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ohio Dept. of Public Safety Certification Number	Certification Effective Date (mm/yyyy)		Certifications attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Academy Name and Contact Number	Fire Academy Director Name		Driver license attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paramedic School Name and Contact Number	Medic School Program Director Name		

I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that false statements or omissions on this application are grounds for immediate disqualification or dismissal upon discovery thereof no matter when the falsification or omission is discovered. I further acknowledge that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13.

I authorize all persons, schools, companies, and government agencies to give you any and all information, personal or otherwise, that they may have, and I release all parties from liability for any damage that may result from furnishing such information.

I understand that I may be required to undergo further examinations to include, but not limited to, medical and psychological examinations before beginning work to determine my ability to perform the duties of the position applied for and failure to undergo such examinations shall be grounds for disqualification.

In consideration of my employment, I agree to abide by the City of Euclid's ordinances and charter, and the policies, procedures, rules, and regulations of the Euclid Fire Department. I understand that my employment and compensation can be terminated with or without cause and with or without prior notice, at any time, at the option of either the City or me. I understand that no manager or supervisor other than the Mayor has any authority to employ persons on behalf of the City, but not contrary to the foregoing.

My signature below indicates my acknowledgement that the above statements apply equally to all portions of this application and to any additional documents I have attached, to all of which I have affixed my initials at the bottom right corner.

_____ (Signature)

_____ (Date)

CITY OF EUCLID, OHIO
LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Affidavit

Directions: Read each question below carefully. Mark the appropriate box (Yes/No) with an "X".
Any omission on this page, or answering "yes" to any question may result in your application being removed from further consideration.

Question	Yes	No
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor related to sex crimes, crimes against persons, fraud, or moral turpitude?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a domestic violence related arrest, conviction, diversion, or expungement?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any misdemeanor convictions, diversions, or expungements within the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any OVI convictions, diversions, expungements, or breath test refusals in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of OVI more than once?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license been suspended in the past five (5) years (not including suspensions under the Financial Responsibility Act)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever illegally sold, delivered, distributed, or manufactured drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used illegal narcotics or abused prescription drugs after having been employed by any public safety agency or in a firefighting/EMS capacity?	<input type="checkbox"/>	<input type="checkbox"/>

My signature below constitutes my certification that my responses are true and complete. my signature further constitutes my authorization for the City of Euclid to investigate the facts submitted and for those with relevant information to release such information to the City of Euclid.

I further understand and agree that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of fact, my application may be rejected and my name removed for further consideration from the eligibility list, or I may be terminated from employment with the City of Euclid Fire Department no matter when the falsification or omission is discovered.

_____ (Signature)

_____ (Date)

Sworn to before me and subscribed in my presence this _____ day of _____, _____

_____ (Notary Public)

CITY OF EUCLID, OHIO

LATERAL ENTRY FIREFIGHTER/PARAMEDIC APPLICATION PACKET

Responses to these questions are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. We will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied for _____ Date _____

1. **OPTIONAL:** Please indicate your sex: ___ Male ___ Female

2. **OPTIONAL:** Please select your age group:

___ 20-25 ___ 26-31 ___ 32-37 ___ 38-41

3. **OPTIONAL:** Please indicate your Race/Ethnicity:

___ **WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

___ **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

___ **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

___ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

___ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

___ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

___ **OTHER:** Please self-define _____

4. **OPTIONAL:** Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? ___ Yes ___ No

5. **OPTIONAL:** Are you a veteran? ___ Yes ___ No

6. **OPTIONAL:** If you answered Yes to the previous question, please indicate if one or more of the following apply.

___ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

___ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

___ **AFGHANISTAN/IRAQ ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between September 7, 2001 and the time of this application.