

ANNOUNCEMENT

The Bellefontaine Civil Service Commission announces a multi-step competitive examination to establish a **LATERAL TRANSFER** Eligibility List for the position of full time, FIREFIGHTER- PARAMEDIC in the Bellefontaine, Ohio Fire Department

Application packets can be picked up in the Service-Safety Director's office during normal business hours 7:30 A.M. - 4:30 P.M. at 135 N. Detroit St. Bellefontaine, Ohio, 43311. **Applications and related documents, must be completed and returned to the Service-Safety Director's office/Mayor's office by 4:30 P.M. September 1, 2023.**

Application forms must be filled out in ink or be typed and shall be completed and signed by the applicant in the applicant's own handwriting and sworn. To be eligible to apply for this examination, applicants must:

Have at least 2 years' experience as a full- time Firefighter- Paramedic, in a fire department-based EMS agency

Applicants shall be a member of the Ohio Police & Fire Pension system;

Have Original Appointment date in the OP & F, prior to their 41st birthday;

Applicant must be a United States Citizen;

Possess a Valid Driver's license;

State of Ohio Paramedic, FFI & II certifications;

Pass criminal, work and driving background checks;

Pass physical agility test;

Pass scored interview.

Highly qualified applicants will be notified of the location and time of the next scheduled physical agility test. In lieu of passing a locally administered physical agility test, The Firefighter Mile or CPAT (IAFF version) will be accepted. CPAT and Firefighter mile results will only be honored if passed within the past 6 months.

Applicants passing the physical agility test will then be scheduled for an interview. The date of this interview will be determined at a later date.

Prior to attempting the physical agility test, all applicants must submit a certificate from a licensed physician certifying that the applicant is free of cardiovascular and pulmonary diseases and is capable of performing the physical agility test. Additionally, applicants must return a signed Waiver of Liability before attempting the physical agility test.

A copy of applicant's Birth Certificate and High School Diploma or equivalent must accompany application.

A copy of all certifications shall be submitted with the original application.

Candidates who pass the physical agility test and oral interview, will be placed on a LATERAL TRANSFER eligibility list. This list will be prepared according to law and names certified to the appointing authority. The proposed appointee will then be required to pass a polygraph and extensive background examination. The background examination shall include the applicant's criminal, driving history and credit check. All eligible applicants must sign a Release for Background Checks.

Upon passing the polygraph and background exams, the candidate will then be required to pass a physical examination, cardiac stress test and a drug test by a licensed physician designated by the commission, who will certify as to the applicant's physical condition.

After the applicant is appointed as a Firefighter- Paramedic, they will be required to maintain their Firefighter & Paramedic certifications. The job description for a fire/paramedic is enclosed within the application. The eligibility list will be valid for a period of up to two (2) years, and may be terminated at the discretion of the commission.

Applications have been rejected in the past for the following reasons:

Illegible writing in the application;

Incomplete application packets;

Untruthful/falsified statements will be immediately rejected;

Candidates with criminal histories;

Candidates with poor driving records will not be considered for possible hire;

Unable to be certified as a Firefighter/Paramedic in the State of Ohio;

Dismissal for any reason from another public agency.

Candidates will have one year from their initial hire date to move within 60 miles of the City of Bellefontaine.

BELLEFONTAINE CIVIL SERVICE

Members,

Joan Haushalter

Colton Lowry

Dan Branson



BELLEFONTAINE FIRE AND EMS

*201 W. SANDUSKY AVE.
BELLEFONTAINE, OHIO 43311
E-MAIL : AFISSEL@CI.BELLEFONTAINE.OH.US*

PHONE: 937-599-6168

FAX: 937-592-3988

2023 Full time- Lateral Entry Firefighter Application Packet Contents:

Announcement (2 pages)

Firefighter/Paramedic civil service testing employment application (6 pages)

Firefighter/Paramedic job description. (1 page)

Personal reference certificates (3 pages)

Waiver of Liability City of Bellefontaine (1 page)

Release for background, criminal and credit histories (1 page)



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FAX: 937-592-3988*

IMPORTANT REMINDER

It is your responsibility to read the entire application packet carefully. Your application will not be accepted if the following items are not enclosed with the application:

1. Employment application.
2. Personal reference certificates (3).
3. Signed applicant waiver form for background checks.
4. Copy of birth certificate.
5. Copy of high school diploma or equivalent.
6. If applicable, copy of certificate of military service or copy of honorable discharge if you desire veteran's preference points.
7. If applicable, copy of State of Ohio Firefighter and/or EMT certificates.
8. If applicable, any accredited degree.

All items need to be turned in to the City of Bellefontaine, Service-Safety Director's Office/Mayor's Office 135 N. Detroit St, Bellefontaine Oh 43311, by September 1, 2023 at 4:30 P.M.

**APPLICATION FOR EMPLOYMENT
CITY OF BELLEFONTAINE**

An Equal Opportunity Employer

*Please type or print responses to all the questions contained
on the entire application form.*

Date of Application _____

Position Sought _____

Last Name _____ First Name _____ MI _____

Address _____

City/State/Zip _____

Phone Number _____

Social Security Number _____

Are you an adult, legally emancipated or otherwise legally eligible to work in the state of Ohio? Yes No

Are you legally permitted to work in the United States? Yes No

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification

Current Employer: _____

(Enter "NONE" if unemployed)

May we contact your current employer prior to employment? Yes No

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

***List ALL previous employers on additional sheets as necessary. ***

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School Attended: _____

Address: _____

Did you graduate? Yes No High school equivalent? Yes No N/A

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

College or Trade School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Graduate School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience in that may be helpful in the evaluation of your application.

Personal Information

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? Yes No

If yes, please explain _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

(The Employer will only consider specific crimes related to qualifications for position applied for.)

Do you have friends or relatives who presently work for the City? Yes No

If yes, list name(s) _____

Please list three references who are not related to you
that you have known at least one year.

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Please answer the following questions if they are applicable
to the position for which you are applying.

Do you possess a valid State of Ohio driver's license?
If no, can you obtain one prior to employment?

Yes No
 Yes No

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initializing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: _____

3. I understand and accept that it may be necessary for me to sign waivers in order to permit the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

5. In the event the Employer offers and I (the applicant) accept a position with the City, I agree that the employment relationship between me and the Employer will be a classified or unclassified relationship. Unclassified employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either party. For classified employees, employment can be terminated with or without cause, and with or without notice, at any time, at the option of either party, during the probationary period.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date

NOTE CAREFULLY

Every applicant must furnish the certificates of three citizens of the United States. Each of whom must be at least 21 years of age and must have known applicant for one year or more. The medical examiner cannot sign certificates. No one person can sign more than one certificate. Certificates will not be accepted from the father, mother, sister, brother, husband, wife or child of the applicant and not more than one certificate will be accepted from a relative of a more remote degree. Please return this certificate with your application packet.

No recommendations other than those provided of hereon can be accepted by the Civil Service Board.

Certificate No. 1

I, the undersigned, a citizen of the United States, more than twenty-one years of age hereby certify and declare upon my honor that I am by occupation a _____, that I reside in _____, County of _____, and State of _____, Having resided there since (Month and year) _____/_____; that I am personally well acquainted with _____, the applicant hereon, and that the answers made by me to the following questions ARE IN MY OWN HANDWRITING, and are true to the best of my knowledge and belief.

1. How long have you been acquainted with the applicant? _____ years.
2. Are you related to the applicant? _____ If so, what is the relationship? _____
3. Is the applicant a good person of good character, good repute, truthful and honest? _____
4. Does the applicant use profane, vulgar or coarse language? _____
5. Are you aware of any circumstances tending to disqualify the applicant from the public service? _____
6. Would you refuse to employ the applicant in private business by reason of his/her lack of any of the qualifications aforesaid? _____

I have read the statements made by the applicant in the foregoing application and believe them to be true. I am willing to make this statement a public record.

Date _____

Signature _____

Printed Name _____

Phone # _____

House # and street _____

City, State and Zip _____

NOTE CAREFULLY

Every applicant must furnish the certificates of three citizens of the United States. Each of whom must be at least 21 years of age and must have known applicant for one year or more. The medical examiner cannot sign certificates. No one person can sign more than one certificate. Certificates will not be accepted from the father, mother, sister, brother, husband, wife or child of the applicant and not more than one certificate will be accepted from a relative of a more remote degree. Please return this certificate with your application packet.

No recommendations other than those provided of hereon can be accepted by the Civil Service Board.

Certificate No. 2

I, the undersigned, a citizen of the United States, more than twenty-one years of age hereby certify and declare upon my honor that I am by occupation a _____, that I reside in _____, County of _____, and State of _____, Having resided there since (Month and year) _____/_____; that I am personally well acquainted with _____, the applicant hereon, and that the answers made by me to the following questions ARE IN MY OWN HANDWRITING, and are true to the best of my knowledge and belief.

1. How long have you been acquainted with the applicant? _____ years.
2. Are you related to the applicant? _____ If so, what is the relationship? _____
3. Is the applicant a good person of good character, good repute, truthful and honest? _____
4. Does the applicant use profane, vulgar or coarse language? _____
5. Are you aware of any circumstances tending to disqualify the applicant from the public service? _____
6. Would you refuse to employ the applicant in private business by reason of his/her lack of any of the qualifications aforesaid? _____

I have read the statements made by the applicant in the foregoing application and believe them to be true. I am willing to make this statement a public record.

Date _____

Signature _____

Printed Name _____

Phone # _____

House # and street _____

City, State and Zip _____

NOTE CAREFULLY

Every applicant must furnish the certificates of three citizens of the United States. Each of whom must be at least 21 years of age and must have known applicant for one year or more. The medical examiner cannot sign certificates. No one person can sign more than one certificate. Certificates will not be accepted from the father, mother, sister, brother, husband, wife or child of the applicant and not more than one certificate will be accepted from a relative of a more remote degree. Please return this certificate with your application packet.

No recommendations other than those provided of hereon can be accepted by the Civil Service Board.

Certificate No. 3

I, the undersigned, a citizen of the United States, more than twenty-one years of age hereby certify and declare upon my honor that I am by occupation a _____, that I reside in _____, County of _____, and State of _____, Having resided there since (Month and year) _____/_____; that I am personally well acquainted with _____, the applicant hereon, and that the answers made by me to the following questions ARE IN MY OWN HANDWRITING, and are true to the best of my knowledge and belief.

1. How long have you been acquainted with the applicant? _____ years.
2. Are you related to the applicant? _____ If so, what is the relationship? _____
3. Is the applicant a good person of good character, good repute, truthful and honest? _____
4. Does the applicant use profane, vulgar or coarse language? _____
5. Are you aware of any circumstances tending to disqualify the applicant from the public service? _____
6. Would you refuse to employ the applicant in private business by reason of his/her lack of any of the qualifications aforesaid? _____

I have read the statements made by the applicant in the foregoing application and believe them to be true. I am willing to make this statement a public record.

Date _____

Signature _____

Printed Name _____

Phone # _____

House # and street _____

City, State and Zip _____



Bellefontaine Fire and EMS
201 W. Sandusky Ave.
Bellefontaine, Ohio 43311

Applicant Release Form

Name: _____

Maiden Name or Alias (Designate) _____

Present Address: _____

Date of Birth: _____ Social Security Number _____

I, _____, have made application for employment with Bellefontaine Fire and EMS as a Firefighter/Paramedic and hereby give my permission to the City of Bellefontaine to conduct an investigation for the purpose of determining my eligibility for employment. I hereby give permission to Bellefontaine Fire and EMS, Bellefontaine Police Department and/or the Logan County Sheriff's Office to conduct an investigation concerning my credit rating, arrest records, school records, current and previous employment records and to interview any person that Bellefontaine Fire and EMS believes to have information concerning my character. I authorize the release of medical, military and any other confidential records. I give consent for a copy of these records to be released to the Bellefontaine Fire & EMS or the Chief's representative.

I request and authorize any City, county, State or Federal agency to furnish any information contained in their files under my name. I agree to hold any source of information blameless for any error in reporting this information and I release all persons whosoever from any damage as a result of said information.

This information is for the purpose of determining my eligibility for employment with Bellefontaine Fire and EMS and understand that this information will be held in strict confidence.

Dated this the _____ day of _____, 202_.

Signature of applicant

Notary Public



BELLEFONTAINE FIRE AND EMS

201 W. SANDUSKY AVE.

PHONE: 937-599-6168

BELLEFONTAINE, OHIO 43311

FAX: 937-592-3988

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WAIVER OF LIABILITY

In consideration of my being permitted to participate in the physical capability test for the Bellefontaine Fire Department, I agree that I shall not hold the City of Bellefontaine or any of its employees responsible for any reason or damage I may receive or cause to myself during or as a result of the above-mentioned test.

Printed Name: _____

Signature of Applicant: _____ Date: _____

Witness Name: _____

Signature of Witness: _____ Date: _____

Position: Firefighter/Paramedic

Pay: Hourly

Position Description:

The Firefighter/Paramedic should have knowledge of City of Bellefontaine policies/procedures, department policies/procedures, modern firefighting principals/procedures, HAZMAT response procedures/equipment, confined space rescue procedures/equipment, trench rescue procedures/equipment, safety practices/procedures, the local geographic area, and custodial methods. She/He should have skills in the operation of firefighting tools/HAZMAT response tools/any equipment used in emergency situations. She/He should have the ability to carry out detailed/complex written/oral instructions, exercise sound judgement during stressful situations, communicate effectively, lift/move up to 100 lbs., and perform heavy manual labor for long periods of time often under adverse conditions.

Typical Tasks:

The Firefighter/Paramedic responds to emergency calls and assists with the control and suppression of fires; makes openings in buildings for ventilation and entrance; cuts holes in roofs and floors when necessary; lays hose and operates pumping engines to ensure proper pressure; rescues persons trapped in burning buildings; participates in salvage work; operates engines, trucks, and other equipment.

The Firefighter/Paramedic responds to calls for emergency medical treatment and provides any and all services which the employee is legally permitted to perform; operates rescue squad vehicle to respond to emergency medical situations.

The Firefighter/Paramedic responds to other types of emergency rescue or emergency assistance situations (hazardous material spills, confined space, trench rescues, etc.).

The Firefighter/Paramedic maintains departmental tools and equipment; assists with maintaining the cleanliness and orderliness of the fire station (sweeps floors, washes windows, cuts grass, shovels snow, paints, etc.); assists with departmental vehicle maintenance; cleans up and restores or replenishes equipment after returning from emergency calls.

The Firefighter/Paramedic participates in training drills and studies materials in order to enhance skills and improve response readiness; performs a variety of other assignments to assist with the efficient operation of the department (may assist with the instruction of others, checks fire hydrants for operations and condition, conducts public tours of the fire station, may make presentations to service groups and clubs, helps inventory supplies and equipment, prepare meals for shift, etc.).

Typical Tasks: (continued)

The Firefighter/Paramedic maintains required licensure and certification; demonstrates regular and predictable attendance; meets all job safety requirements and all applicable OSHA safety standards that pertain to essential functions; performs any and all other related duties as assigned or directed in order to promote, further, and ensure the effective and efficient operation of the City of Bellefontaine.

Qualifications:

- Meet age limitations set by Civil Service Commission/Ohio Revised Code
- Receive passing grade on Interviews
- Possess State of Ohio vehicle operator's license and remain insurable
- Have worked at least 2 years for a Full Time Fire Department that provides Fire and Advanced Life Support Services
- Be certified, by the State of Ohio as a level II Firefighter and Paramedic
- Complete Incident Command Systems (ICS – 100, 700, 800) Level training

Hazardous Working Conditions:

- Works with and around vehicles/equipment
- Exposed to fire, heat, smoke, blood, bodily fluids, hazardous materials
- Must be able to lift/carry unconscious persons

Equipment Operated:

- Department vehicles
- Firefighting/EMS/rescue/HAZMAT tools
- Dispatch equipment

Duties:

- The following duties shall apply to the position of Firefighter/Paramedic
 - Be physically and mentally able to perform the duties of their job, and subject to any physical program that the Chief may provide.
 - Operate under and obey the Codified Ordinance of the City of Bellefontaine, and Chapter 3737 of the Ohio Revised Code, and the rules, regulations and procedures of the Bellefontaine Fire Department and the City of Bellefontaine.
 - Carry out all orders given to them by their superiors, promptly and efficiently.
 - In the absence of their superiors, assume the authority and responsibilities of their decisions.
 - Have a broad knowledge of all Fire Department operations, and be able to operate all apparatus and equipment efficiently.
 - Report any problems or situation to their superior that could endanger or be detrimental to anyone's life or property, or the efficiency of the Fire Department.
 - Report to, and request help from, their superior any time they feel they need help in the operation, or performance of any piece of equipment, or duty they are to carry out.
 - Be responsible for the care and cleanliness of apparatus, equipment and quarters.
 - Be familiar with city functions and supervisory techniques and operations.

- When assigned as a driver of any emergency apparatus, shall be responsible for the operation and care of apparatus and the equipment and supplies carried thereon.
- Meet the Emergency Medical Technician-Paramedic requirements, in compliance with the Collective Bargaining Agreement.
- Be subject to call during their off-duty hours and, in case of emergency, shall report to the department and perform such duties as may be ordered by the Chief of the Department and/or Service-Safety Director and Mayor.