

# **APPLICATION INSTRUCTIONS**

Please fill out all pages of the application, sign in two places on the final page, and place in envelope provided. **Also complete and include the following form:**

- **“EMPLOYMENT APPLICATION ADDENDUM #1”**

***Please Note The List Of Copies Of Documents Which Must Be Included***

Please drop off the envelope at our Route 28 & McPicken Drive station or mail it to:

Miami Twp. Fire & EMS  
Attn: Capt. Brian Gulat  
5888 McPicken Drive  
Milford, OH 45150

If you have any questions, please call Capt. Gulat at 513-248-4854 or Asst. Chief Mack or Administrative Assistant Patty Holbert at 513-248-3700.

## **STUDY GUIDELINES**

Written Test Questions Will Be Based On The Following:

National DOT EMT Curriculum

NFPA 1001 Firefighter I Objectives

NFPA 1001 Firefighter II Objectives

Paramedic Level Applicants Should Also Review:

National DOT Paramedic Curriculum Based Materials

American Heart Association Advanced Cardiac Life Support (Current Guidelines)



# MIAMI TOWNSHIP FIRE & EMS

## SYNOPSIS OF PART-TIME PRE-EMPLOYMENT TESTING PROCESS

### PHYSICAL ABILITY TEST

Test is held at **Live Oaks Vocational School**, 5956 Buckwheat Road, Milford, Ohio

Candidates wear a weighted vest and do not wear turnout gear and SCBA. Suggested Clothing: Physical fitness attire, e.g., shorts, gym shoes, loose-fitting top. Wearing of work or structural firefighting gloves is encouraged.

*Candidates may wish to bring a light snack to eat prior to taking the written test.*

**Applicants Must Bring A Driver's License  
To The Physical Ability Test**

### WRITTEN TEST

Candidates must pass a multiple choice written test. Test will be held at the Miami Township Public Safety Training Center which is located behind our fire station at 5888 McPicken Drive.

### INTERVIEW PROCESS

Candidates who pass the Physical Ability and Written Test will sit for an oral interview.

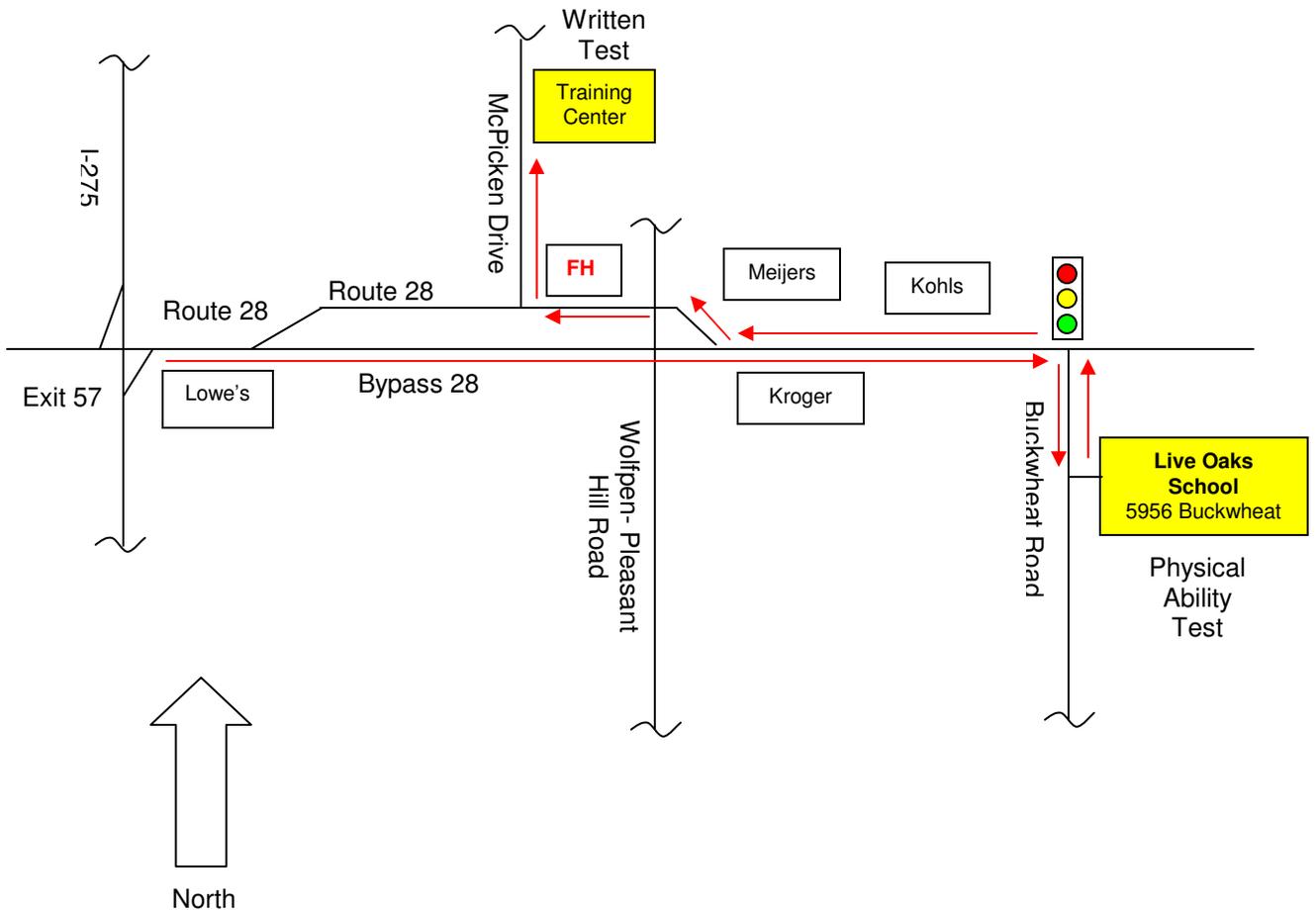
### BACKGROUND CHECK

Candidates will be fingerprinted for a BCI criminal background check the day of their interview. An additional extensive background check will be conducted by an outside agency.

### ADDITIONAL TESTING

If conditional employment is offered, candidates will be required to complete a medical physical exam and polygraph exam.

# MAP TO LIVE OAKS SCHOOL AND TO TESTING SITE



# MIAMI TOWNSHIP FIRE & EMS

## SYNOPSIS OF REQUIREMENTS AND BENEFITS FOR PART-TIME EMPLOYEES

### SCHEDULING REQUIREMENTS

By State Law, Part-Time Employees May Work a **Maximum of 1500 Hours** per Year

Set Shifts (Recommended, but some shifts or days may already be filled):

Every third day, 0700 - 1900 or 1900 - 0700

Equals 1460 Scheduled Hours of Work per Year

Every sixth day, 0700 - 0700

Equals 1460 Scheduled Hours of Work per Year

For PRN Only Employees:

Number of Hours Which Must Be Submitted As Available Per Month: 84

Actual Hours Required Per Month: 48

Typical P/T Shift: Times: 0700-0700 (24 Hours)

0700-1900 or 1900 - 0700 (12 Hours)

### ORIENTATION

Employee is paid during orientation times

Two-part program

5 Consecutive Days: Operations Orientation

Covers Miami Township Fire & EMS operations

Driver/Operator 1 Program

On-Duty Mentoring Program and Preceptor Shifts

New employee works as an additional crew member to gain experience and training on department specific operations

## BENEFITS

Uniforms and Turnout Gear Provided

Time-And-A-Half Pay On Selected Holidays

Paid Tuition For Some Outside Training Classes

No Pay Reduction During Sleep Time

Credit Union

Employee Assistance Program

***Should You Make It To The Interview Stage, You Will Be Asked To Sign A Copy Of This Synopsis Stating That You Have Read And Understand These Requirements***

# MIAMI TOWNSHIP FIRE & EMS

## DEPARTMENT INFORMATION

POPULATION AND AREA: Over 40,000 residents; 33 Square mile area; Primarily residential with some commercial/retail/industrial in all 4 districts

NUMBER OF STATIONS: 4

NUMBER OF RUNS: Approximately 3400 EMS and 800 Fire

PERSONNEL: 47 full-time and approximately 45 part-time

STAFFING: Minimum of 14 personnel on duty 24-hours a day, plus Chief, Asst. Chief, Division Chief, Administrative Services Captain, and Captain of Training on duty Monday through Friday

APPARATUS: Five (5) Braun medium duty ambulances

Five (5) Engines (3 Rosenbauer, 1 Luverne, 1 Pierce)

1 - Paramedic transport unit at each station

1- Paramedic engine at each station (Rescue pumper at Central Station)

1 - Supervisor's vehicle at Central District

1 – Aerial platform

1 - Brush unit

1 - Water rescue truck and boat

1 - Mass Casualty Incident response truck and trailer

2 - Gator 6-wheel drive ATVs

1 - Fire safety house (trailer)

Miscellaneous staff and support vehicles



# Miami Township Fire & EMS Application For Employment

App Rcvd _____	
Cond Offer _____	Accept? _____
Final Offer _____	Accept? _____

*Please Print*

Position Applied For		Date of Application
Last Name	First Name	Middle Name
Address	Number & Street	City State Zip Code
Telephone Numbers (Home, Cell, Pager, Work)		Social Security Number
Home	Pager	Work
Cell	E-Mail	

Have you ever filed an application with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Are you related to any current Township employee(s) or elected official(s)?  Yes  No

If Yes, give name(s): \_\_\_\_\_

If hired, are you willing to work overtime?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Do you have a valid Ohio driver's license?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Can you provide required proof of your eligibility to work?  Yes  No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

Have you ever been discharged from a job?  Yes  No

*Discharge will not necessarily disqualify an applicant from employment*

***We Are An Equal Opportunity Employer***

# Education

	High School or GED				College / University				Other (Specify)			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree / Certificate												
Describe Course of Study												
Describe Any Honors Received												

Fire and EMS Related Training					<i>Please Attach Copies of Certification Cards to Application</i>				
<b>EMT</b>	Year Completed:	Certification Number:	Institution / Location:						
<b>Paramedic</b>	Year Completed:	Certification Number:	Institution / Location:						
<b>Firefighter 1A</b>	Year Completed:	Certification Number:	Institution / Location:						
<b>Firefighter, Other</b>	Level:	Year Completed:	Certification Number:	Institution / Location:					
<b>Hazmat</b>	Level:	Year Completed:	Institution / Location:						

Describe any other specialized training or qualifications you have relating to the position applied for

Describe any computer skills you possess, including software and hardware experience

Indicate any foreign languages (including American Sign Language) you can speak, read and/or write	Fluent	Good	Fair
Speak			
Read			
Write			

# Employment Experience

Start with your present or last job. *List ALL employers for the last 5 years.* Include any job-related military service assignments and volunteer activities. *Use an additional sheet of paper if needed.*

1.	Employer	Dates Employed		Describe Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Employer	Dates Employed		Describe Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Employer	Dates Employed		Describe Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Employer	Dates Employed		Describe Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If there are any employers listed above whom you do not wish contacted, briefly explain why:

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## References Give name, address and telephone number of three references who are not related to you and are not previous employers

1.
2.
3.

**Miami Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.**

**In Case Of Emergency, Notify:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Applicant's Statement**

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Miami Township, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Background Inquiry Release**

In connection with, and for the duration of my employment (including contract for services) with **Miami Township**, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. This also may be used to request workers compensation records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY THIS AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
State

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