

Monroe Township Fire Department Licking County, OH

Job Postings:

The Monroe Township Fire Department is accepting applications for the positions of intermittent (part-time) firefighter/paramedic and intermittent (part-time) firefighter/EMT. Applicants must possess both Ohio Firefighter II and Ohio EMT or EMT-Paramedic certifications prior to appointment. Applications are accepted on a rolling basis for volunteer and intermittent personnel and Monroe Township anticipates administering a test approximately every 120 days if sufficient vacancies exist to warrant administering a test. The testing requirement may be waived by the Board of Trustees for candidates with extensive fire service experience.

The Monroe Township Board of Trustees has approved a program to offer a signing incentive to qualified intermittent candidates of \$500 to \$1500 depending on qualifications and experience*. This program is subject to cancellation without notice by the Board of Trustees.

Intermittent employees may be assigned to work a 24/120 shift (every 6th day) or may sign up to work on a floating basis. Intermittent employees who work a floating schedule are expected to work a minimum of 96 hours per calendar month. Intermittent employees are hired with the expectation that they will not work more than 1500 hours per year.

Current pay ranges for intermittent personnel which are adjusted annually are:

Firefighter II and EMT: \$11.00-\$13.50 per hour

Firefighter II and EMT-P: \$12.50-\$17.00 per hour

Applicants may be subject to written testing, a background check, drug testing, and a physical prior to hire. All applicants must also possess and maintain a valid Ohio driver's license.

The Monroe Township Fire Department is located in western Licking County along the Delaware and Franklin County borders. It serves Monroe Township, the Village of Johnstown, and parts of the City of New Albany, Jersey Township, Liberty Township, and McKean Township. The service area encompasses 68 square miles and the department responds to more than 2500 calls for emergency service each year. The department staffs two stations with 8 firefighters on duty 24/7.

EMPLOYMENT HISTORY (CONT.)

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

Employer _____ Job Title / Position _____

Mailing Address _____ City _____ State _____ ZIP _____

Briefly describe your duties _____

Immediate Supervisor(s) _____ Telephone #: _____

Reason for leaving _____ Dates: _____

REFERENCES

In the area below, please list the names and other requested information for three people (other than relatives or past employers) whom we may contact for a recommendation. These individuals should be able to speak to your qualifications for this position. (Must include complete mailing address.)

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

Name _____ Address _____

City _____ State _____ ZIP _____ Telephone _____

CRIMINAL HISTORY

Have you ever been convicted of any violation of Federal, State, County, Township, Municipal, or other governmental law, regulation, resolution, or ordinance? Do you have any pending charges or indictments? **This includes traffic violations. Yes / No**

If yes, explain. _____

Is there any condition that you are aware of which would prevent you from performing the essential functions of the job for which you are applying?

CERTIFICATIONS (Ohio Recognized and attach copies if available)

Type of Certification	Certification Number	Expiration Date	Copy Submitted Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Telephone (home) number _____ Pager number _____

Cellular number _____ Telephone (work) number _____

If you were referred by a current Monroe Township Fire Dept employee, please list the employee here: _____

I solemnly swear or affirm that the answers I have made to each and every question in this application, and supplemental application, if applicable, are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, employed me or who has information concerning me from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such information to the authorized representative or agent of the Monroe Township Fire Department.

Applicant's Signature _____ Date _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20__ at _____ Licking County, State of Ohio.

This application must be notarized prior to acceptance by the Monroe Township Fire Department

FOR OFFICE USE ONLY:

Date: _____ Time: _____ Received by _____

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