

CONGRATULATIONS on your decision to become a member of the Erhart/York Township Fire Department. We offer a highly rewarding community service career with diverse array of technical and emergency response challenges. You will play a very important part in the protection of this community, its citizens, and all the people working or traveling through it.

As you will become aware, being a member of the Erhart/York Twp. Fire Department will take a lot of time and energy. Besides staffing and responding to fire and emergency calls, training plays a big part in being a member of the department. Trainings are held every Monday night. In addition to regular trainings and meetings, participation is expected with fund-raisers, upkeep/maintenance of equipment, sporting event standby, and other public relation events. Successful operation of this organization depends on the efforts of every member.

QUALIFICATIONS

The following are requirements for the rank of Firefighter:

- Must be 18 years of age
- Must have a valid Ohio Driver's License and acceptable driving record (four points or less)
- Must have a high school diploma or GED
- You must live in or near York Township
- Applicants must be a citizen of the United States or legal resident with authorization to work in this county
- Must hold or complete an Ohio Firefighter Level I Certification, or higher, within the first year of employment. Firefighter Level II is desirable.
- Must hold or complete an Ohio Emergency Medical Technician Certification, or higher within two years of employment.
- Applicant must be in good physical condition and shall not have any impairment that would hamper the performance of their required duties
- During performance of duties, the employee is frequently required to listen, talk, or hear, stand, walk, manipulate, or operate objects, tools, or controls, climb or balance, stoop, kneel, crouch or crawl, and reach with hands and arms.
- The employee must be able to frequently lift and/or move moderately heavy weights (25-45lbs) unassisted.
- The employee, with assistance, must be able to occasionally lift and/or move very heavy weights exceeding 170 lbs.
- Specific vision abilities require acceptable close and distance vision, peripheral vision, and depth perception.

APPLICATION PROCESS

To be considered, persons who meet the qualifications:

- Must complete and return York Township Application
 - Copies of applicant's current valid driver's license and certifications, special classes, seminars, etc. should be attached

Upon Completing Application:

- The applicant will be scheduled an interview with the Department Officers
- Then a second interview with the Fire Chief will be scheduled

After successful interviews the applicant:

- Must consent to a background investigation
 - After receiving paperwork, it will be the applicant's responsibility to contact **INTEGRITY VERIFICATIONS, 735 N. Court St., Medina, Ohio 44256 at (330)725-3866** for a background

investigation, drivers license check, as well as a drug/tox screen. This will be done at no cost to the applicant.

- Will be required to pass a physical examination
 - After receiving paperwork, it will be the applicant's responsibility to contact ***Cleveland Clinic AtWork, 1000 East Washington St., Medina, Ohio 44256 at (330)721-4955*** for a medical examination. This will be done at no cost to the applicant.
- The applicant will also receive a new hire paperwork packet, all paperwork shall be completed and returned with required information to the Fire Chief.

UPON COMPLETING APPLICATION PROCEDURE/PAPERWORK

- The Fire Chief will present all documentation to the York Township Trustees for a decision to hire or not hire each individual applicant.
- During this period the applicant shall not respond to any emergency calls or trainings of the department, due mainly to liability issues.
- If voted to hire by the Township Trustees, the Applicant shall be sworn-in and placed on probation for a twelve-month period, which can be extended for a longer period by the Fire Chief as needed.
- Special consideration shall be given to an Applicant with previous Fire/EMS experience; specialized training in areas related to the fire service; or after completing required probationary tasks and approved by the Chief.
- Applicant shall be eligible for membership on this Department without discrimination on basis of race, color, religion, sex or national origin.
- The applicant has the option of joining the Erhart Firefighters Association Inc. Individuals do not have to be a member of the fire department to become a member of the association.

PROBATIONARY PERIOD NOTES

This is a partial list, for more complete info reference Orientation manual

- A mentor (member of the Erhart/York Twp. Fire Dept.) shall be assigned to the probationary member for guidance during the probationary period.
- An Erhart/York -Twp. Fire Department Orientation Manual will be issued, and the probationary member shall learn and follow department policies.
- Probationary member must obtain valid State of Ohio Firefighter and/or EMT-Basic certification within the first year of their acceptance on the Department. The Fire Chief may extend this period, if necessary.
- During the probationary period, the member shall adhere to the following:
 - Shall attend department trainings regularly during the probationary period.
 - Always follow the chain of command.
 - Learn to drive and operate all vehicles under supervision of department officer/member.
 - Become familiar with operation and location of all department equipment.
 - Shall not equip their private vehicles with lights and sirens.
 - Shall not respond directly to the scene of any Erhart call unless directed by an officer.
 - Shall report to the Incident Commander.
 - Probationary member will not respond to Mutual Aid Fire Department calls without prior approval.
 - Will not partake in any hazardous activities at a scene unless under the direct supervision of an officer. This includes wearing S.C.B.A.'s, climbing ladders, ventilation, nozzle-person, or entering a burning structure.
 - Will not give patient care unless certified by the State of Ohio and directed by an officer/member.

Richard Monroe, Trustee Todd Zieja, Trustee Christopher Kosman, Trustee Peggy Russell, Fiscal Officer

Employment Application
An Equal Opportunity Employer

Personal Information

Last Name			First Name			M.I.		
Street Address						Apartment/Unit #		
City			State			Zip		
Home Phone				Cell Phone				
Email Address						Valid Driver License Number		
Social Security Number								
Are you legally eligible to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, number of years served:			
Branch:					Duty/Specialized Training:			
Have you ever worked for York Township? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, when?			
Do you have any relatives who work for York Township? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship:								
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position Interest

Position Applying for			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			Date Available		
Salary Desired			If necessary, are you able to work overtime and/or varied shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
State why you believe you are qualified for this position:								
What prompted you to seek employment with York Township:								
Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> With, list <input type="checkbox"/> Without								
Please list any other qualifications related to the type of employment you are seeking:								

Employment History (previous 10 years beginning with current, attach additional sheets if needed)				
Employer Name & Address	Position	Start / End Dates	Salary	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

Education Information				
	Name & Address	Years Attended	Subjects Studied/Degree	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades/Business/Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any distinctive courses, seminars and/or training that you have completed that would enable you to perform the position for which you are applying				
Please list academic honors, extracurricular activities, offices held, etc.:				

Professional References Please list three references who are not relatives or employees	
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation

I certify that the information provided on this application is accurate, complete, and made in good faith. I agree and understand that any misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with York Township. I further understand that upon conditional offer of employment, I may be required to submit to a medical screening and background check. I authorize the York Township through its employees, contractors and agents to verify any information concerning my previous employment, education, criminal background and driving history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as the Township requires. I hereby release York Township and its employees, contractors, and agents and any disclosing personnel or legal entity from any liability whatsoever as a result of such inquiries and disclosure.

Applicant's Signature

Date