



205 S. Main Street • Urbana, Ohio 43078 • <http://www.urbanaohio.com> • 937-652-4313

Dear Firefighter/Paramedic Applicant:

Thank you for your interest in employment with the City of Urbana. Please read this cover letter carefully prior to filling out the attached application packet for the position of Firefighter/Paramedic. You need to return the completed packet to:

Liela Anderson, Human Resources
City of Urbana
205 S Main Street
PO Box 747
Urbana OH 43078-0747

You must return the packet prior to the deadline of Friday, March 2nd, 2018, by 4:30 PM. Mailed applications must be received prior to the deadline. Hand-delivered applications may be dropped off at the Human Resources office on the top floor of the city building. **Do not drop off applications at the fire division offices.** Application packets that are incomplete or received after the deadline will not be accepted. There will be no exception to this rule.

The Civil Service Written Examination will be administered on Saturday, March 10, 2018 at 10:00AM. The examination site will be 1150 Scioto Street (Rear Building), Urbana, Ohio. Please bring two (2) No. 2 pencils and your driver's license with you. **If you do not have your driver's license, you will not be permitted to take this examination.** Registration will begin at 9:00AM. Please note that the examination will begin promptly at 10:00AM. Should any applicant arrive late, the Civil Service Commission may refuse admission to the examination.

In accordance with the Codified Ordinances of the City of Urbana, no person shall be eligible to receive an original appointment as a firefighter unless the person has reached the age of eighteen; and no person shall be eligible to receive an original appointment on and after the person's sixty-ninth birthday.

(¶149.03)

This examination is being conducted to establish an eligibility list for the position of Firefighter/Paramedic. The civil service testing procedure consists of several parts. These three parts are the written test, the unassembled test and the physical agility test. All applicants must take the written test. Applicants with passing scores will be eligible to take the physical agility test. Only Ohio certified firefighters and EMT's with passing written scores will receive credit on the unassembled portion of the test. **To claim unassembled credit, you must submit copies of your Ohio Level 2 Firefighter certification, and/or your Ohio EMT certification with your application.** Level 2 firefighter certifications are worth 8 points, paramedic certifications are worth 12 points and EMT basic/intermediate certifications are worth 5 points.

Veterans with a passing written score may claim additional points for their written test score. An applicant who has served on active duty in the armed forces of the United States for a continuous period

of two years or more and has been **honorably discharged** shall receive five points credit in addition to the test score. When a candidate has been **honorably discharged** with more than one year but less than two years of service, points shall be prorated on a daily proration starting with zero points for one year (365 days) and five points for two years (730 days). You must have more than one year of active duty to be eligible. You must submit copies of all DD Form 214s with your application. You will not be eligible for veteran's credit if your discharge was characterized as other than honorable.

A minimum total score of 70% on the written/unassembled examination is required to qualify for the eligibility list. Applicants with military experience must achieve this minimum score in order to receive the military credit points. You must also pass a physical agility test in order to be eligible for appointment. The eligibility list is a ranking of the candidates, by test score, from highest to lowest.

Once the eligibility list is established, the City will begin investigating and assessing the top candidates. This process includes an interview with Fire Department personnel and the Director of Administration, a criminal background check, and upon conditional offer of employment, a physical examination. The Civil Service Commission shall certify to the Director of Administration the names of the five persons standing highest on the eligible list. Any of those five persons can be offered an appointment.

All candidates may not be eligible for testing or certification. Reasons may include:

- An applicant fails to meet the minimum qualifications stated in the announcement;
- has been dismissed from employment for inefficiency or misconduct, or has resigned from employment while disciplinary charges were pending;
- a military discharge characterized as other than honorable;
- is addicted to the habitual or excessive use of habit-forming drugs or intoxicating beverages;
- has made a false statement on the employment application, or has otherwise demonstrated a lack of integrity or responsible behavior.

This list is not all-inclusive. The City evaluates each candidate on his/her own merits; however, you may wish to reconsider applying if you fall into one of these categories.

Once again, thank you for your interest in employment with the City of Urbana. I hope this letter has been informative. Should you have any questions regarding the examination process, please do not hesitate to contact me.

Sincerely,

Liela Anderson
Human Resource Manager

CITY OF URBANA, OHIO

Application for the Firefighter/Paramedic Entry Level Civil Service Examination

This application must be filled out with pen or be typewritten. Please print clearly.

1a. Last Name	1b. First Name	1c. Middle Initial
2. Street Address		
3a. City	3b. State	3c. Zip Code
4a. Home Phone	4b. Cell Phone	
5a. Social Security Number	5b. Email Address	
6. Citizenship		
If hired, can you provide written evidence of your right to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Physical Agility Test Certificate (Information gathering only)		
Do you have a current CPAT or other physical agility test certificate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type of test? CPAT Firefighter Mile Other _____		
(please circle all that apply)		
If yes, Where and When did you obtain the certificate? _____		

8. Limitations		
List any reason why you would be unable to perform the essential functions, or fundamental job duties, of the position.		

9. Previous City Employee

Do you now, or have you ever, worked for the City of Urbana? Yes No

If yes, from _____ to _____ Department _____

10. Driver's License

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

PROVIDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION

11. High School

Do you have a high school diploma? Yes No

If no, do you have a GED? Yes No

PROVIDE A HIGH SCHOOL TRANSCRIPT OR PROOF OF GED WITH THIS APPLICATION

12. Other Education

Type of School	Dates From To	Name of School	City/State	Course of Study	Type of Degree or Certificate

13. Military Service

Have you ever served on active duty in the armed forces? Yes No

PROVIDE A COPY OF ALL DD-214s WITH THIS APPLICATION

14. Fire and EMS Certifications

Do you have an Ohio Level 2 firefighter certification? Yes No Cert Number _____

Do you have an Ohio EMT certification? Yes No Cert Number _____

PROVIDE A COPY OF FIREFIGHTER AND EMT CERTIFICATES WITH THIS APPLICATION

15. Work Experience

Fully describe your work experience beginning with your most recent job. Include military experience. **Do not submit resumes with this application.** If you need additional space, make copies of this page.

Dates From To	Employer	Position Title
Address		
Phone Number	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per Week	Salary
Duties		
Reason for Leaving		
Dates From To	Employer	Position Title
Address		
Phone Number	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per Week	Salary
Duties		
Reason for Leaving		
Dates From To	Employer	Position Title
Address		
Phone Number	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per Week	Salary
Duties		
Reason for Leaving		

16. References

Provide three references. **Do not include relatives.**

Name and Occupation	Address	Phone Number

BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Furthermore, I hereby authorize the City of Urbana to contact prior employers, educational institutions, and references listed above to obtain any and all information related to my past work performance, experience or education.

Signature of Applicant: _____ Date: _____

**THE CITY OF URBANA IS AN EQUAL OPPORTUNITY EMPLOYER
AND COMPLIES WITH THE AMERICAN DISABILITIES ACT.**

APPLICATION CHECKLIST

- APPLICATION SIGNED AND DATED PAGE 6
- COPY OF DRIVER'S LICENSE ENCLOSED
- COPY OF HIGH SCHOOL TRANSCRIPT OR GED ENCLOSED
(Do not send copies of high school diplomas, or college transcripts.)
- COPIES OF FORMS DD-214 FOR ALL PERIODS OF ACTIVE MILITARY DUTY ENCLOSED
- COPIES OF OHIO FIREFIGHTER AND EMT CERTIFICATIONS ENCLOSED

Directions/Map of Testing Site



The Building behind CRSI is the actual test location.

CRSI, 1150 Scioto Street, Urbana, Ohio 43078

CITY OF URBANA, OHIO
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME: _____ **DATE:** _____

JOB DESIRED: _____

DIRECTION: The City of Urbana requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.

<u>RACE:</u> (Select any that apply)	
White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Other Race	<input type="checkbox"/>

<u>SEX:</u>	
MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

<u>ETHNICITY:</u>	
HISPANIC OR LATINO	<input type="checkbox"/>
NOT HISPANIC OR LATINO	<input type="checkbox"/>

<u>HOW DID YOU BECOME AWARE OF THIS POSITION?</u>	Note: Please mark all that apply.
A) Newspaper _____ If yes, which newspaper? _____	
B) Radio _____ If yes, which station? _____	
C) Job Posting _____ If yes, where? _____	
D) Personal Contact _____ If yes, give name. _____	
E) Other _____ Please Explain. _____	
