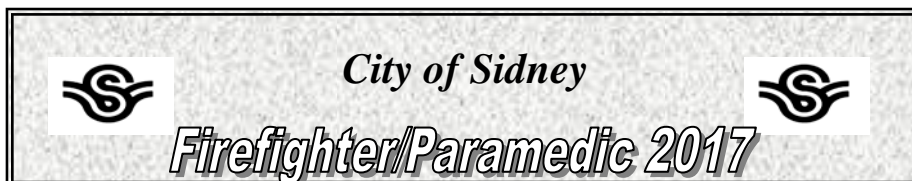


City of Sidney

**201 West Poplar Street
Phone 937-498-8144**

**Sidney, Ohio 45365
Fax 937-498-8160**



Dear Firefighter/Paramedic Applicant:

Thank you for your interest in employment with the City of Sidney. 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 the City by June 30, 2017 at 5 p.m. Application packets that are incomplete or received after the deadline will not be accepted. There will be no exception to this rule. **Ohio applicants who have previous military experience must file a certificate of service or honorable discharge (DD Form 214) with their application packet in order to qualify for the military credit points on the written examination.**

Applicants who have Ohio FF2, Ohio Paramedic certification, or a college degree in applicable Emergency Services disciplines must submit copies of certifications or degree in order to receive credit points on the written examination. No applicant will receive more than 20% credit points on the examination.

Written Exam

Add education/certification “bonus points” awards to entry level testing score. NOTE: all accumulated bonus points cannot exceed 20% maximum. Applicant must pass the exam with a score of 70% or higher in order to be eligible for bonus points.

- 20% military
- 10% paramedic
- 10% Level II firefighter
- 5% Associates and/or Bachelor’s degree

Examples:

- **Candidate A** (Veteran 20%) **20% bonus** added to his/her written score
- **Candidate B** (Para 10%) **10% bonus** added to his/her written score
- **Candidate C** (Para 10%+FF II 10%) **20% bonus** added to his/her written score
- **Candidate D** (Para 10%+FF II 10%+Bachelor 5%) **Max 20% bonus** added to his/her written score
- **Candidate E** (Veteran 20%+Para 10%+FF II 10%) **Max 20% bonus** added to his/her written score

The Civil Service Written Examination will be administered by the National Testing Network website www.nationaltestingnetwork.com. You will have the opportunity to take the test at several different locations and the test results are good for one year. There is a practice test on their website. The applicant pays for the costs of the testing. The applicant may have their score submitted to multiple locations throughout the United States.

*To view a List of National Testing Network Testing Sites and addresses
Go to their website at www.nationaltestingnetwork.com*

Test dates and times for Edison State and Sinclair Community College

Piqua - Edison CC East Hall - Fire

- May 24th - 4:00PM
- June 13th - 6:00PM
- June 21st - 5:00PM

Dayton - Sinclair Community College Criminal Justice Training Academy, Bldg 19

- May 9th - 2:00PM or 6:00PM
- May 23rd - 2:00PM or 6:00PM
- June 6th - 2:00PM or 6:00PM
- June 20th - 2:00PM or 6:00PM

In accordance with the Ohio Civil Service Law, no person shall be eligible to receive an original appointment as a firefighter in a fire department, subject to the civil service laws of this state, unless the person has reached the age of eighteen and has, not more than one hundred twenty days prior to receiving such appointment, passed a physical examination, given by a licensed physician, a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, certifying that the applicant is free of cardiovascular and pulmonary diseases, and showing that the person meets the physical requirements necessary to perform the duties of a firefighter as established by the civil service commission having jurisdiction over the appointment. The appointing authority shall, prior to making any such appointment, file with the Ohio police and fire pension fund a copy of the report or findings of said licensed physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for such physical examination shall be paid by the civil service commission. No person shall be eligible to receive an original appointment on and after the person's forty-first birthday. **(Sec. 124.42)**

This examination is being conducted to establish an eligibility list for the position of Firefighter/Paramedic. A minimum score of 70% on the written examination is required to qualify for the eligibility list. Applicants with military experience or FF2, Paramedic, Education must achieve this minimum score in order to receive the credit points, Ohio residents only. 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 background investigation of the top candidates. This process includes an interview with the Fire Department personnel and the Civil Service Commission, physical capability examination, polygraph examination, and upon conditional offer of employment, a psychological assessment, BCI/FBI background check, and medical physical. The Civil Service Commission will interview the candidates and decide who to certify as suitable to become a Sidney Firefighter/Paramedic.

The Civil Service Commission (Sec.124.25 R.C.) does not certify all candidates as eligible. Reasons for non-certification include:

- Found to lack any of the established preliminary requirements for the examination.
- Found to be addicted to the habitual use of intoxicating liquors or drugs, to excess.
- Found to have a pattern of poor work habits and poor work performance with previous employers.
- Found to have been convicted of a felony.
- Found to have been guilty of infamous or notoriously disgraceful conduct.
- Found to have made false statements of any material fact or practiced (or attempted to practice) any deception or fraud in the application or examination in establishing eligibility, etc. securing an appointment.

This list is not all-inclusive. It is a representative sample of some reasons why candidates were not certified in the past. The Commission evaluates each candidate on his/her own merits; however, you may wish to reconsider applying if you fall into one of these categories.

YOU MUST COMPLETE THE CITY OF SIDNEY APPLICATION, REGISTER WITH THE NATIONAL TESTING NETWORK, AND COMPLETE THE TEST AT ONE OF THE NATIONAL TESTING NETWORK TESTING SITES. LOCALLY, EDISON STATE COLLEGE IN PIQUA, OH IS THE CLOSEST TO SIDNEY.

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

Sincerely,

Vickie G. Allen

Vickie G. Allen
Human Resources Manager
937-498-8144
attachments



City of Sidney
Employment Application
 (An Equal Opportunity Employer)

DATE _____

If you need additional space for any response, please continue on a separate sheet of paper.

PERSONAL INFORMATION

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NAME _____ SOCIAL SECURITY # _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? IF SO, LIST ALL NAMES

PRESENT ADDRESS _____
 Street City State Zip

How long have you lived at this address?

PREVIOUS ADDRESS _____
 Street City State Zip

How long did you live at this address?_

PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

REFERRED BY _____

Are you physically able to perform the job with or without reasonable accommodation?
 YES NO

EDUCATION				
	Name & Location of School Attended	How Many Years	Did You Graduate	Subjects Studied
High School				
College				
Other				

Subjects of special study or research work: _____

U.S. Military Service or Reserves: List dates, rank, and type of discharge: _____

List location and name of last unit assignment _____

PROFESSIONAL REFERENCES

--

Give below the names of five persons not related to you, whom you have known at least one year and whom have knowledge of your character, experience, and abilities. Do not list subordinate employees.

Name _____ Business _____

Address _____ Phone # _____

Name _____ Business _____

Address _____ Phone # _____

Name _____ Business _____

Address _____ Phone # _____

EMPLOYMENT EXPERIENCE

--

LIST ALL THE JOBS YOU HAVE HAD, STARTING WITH THE MOST RECENT.

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates Of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final
Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final
Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Finish

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills, qualifications, certifications, or training that you acquired from employment or other experience.

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone No. _____

Address _____

The information provided in this Employment Application is true and complete. The City may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the City. I understand that this cannot be changed except in a writing signed by the City Manager that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City.

Date _____ Signature _____

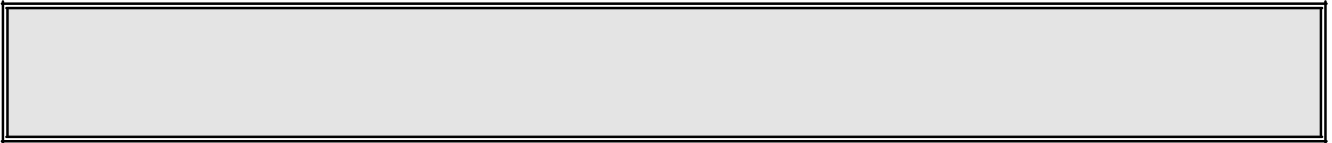
AUTHORIZATION FOR RELEASE OF INFORMATION

--

I authorize any reference, school, former employer or other person to disclose to the City, upon request, any information they may have about me and I release them from all liability for disclosing such information.

Date: _____ Signature _____

**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT
AND INVESTIGATIVE CONSUMER REPORT
UNDER THE FAIR CREDIT REPORTING ACT**



The City may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

I authorize the City to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date	Signature
------	-----------

Printed name

Ohio Civil Rights Commission – Statistical Survey

INSTRUCTIONS: _____ The City of Sidney is required to report on the statistical information requested below. If you choose to volunteer this information, it will be filed separately from your employment application. Whether or not you elect to provide this information is entirely voluntary and will not affect any employment decision. However, in order for us to gather the needed information, we do ask that you provide responses to all 6 questions. If you prefer not to answer any or all of the following questions, please select the box
it led “No Response”. Thank you for your assistance in this statistical survey.

1) **ETHNIC RACIAL STATUS:** (Please check only one)

<input type="checkbox"/> White <input type="checkbox"/> Black		<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian		<input type="checkbox"/> Asian American <input type="checkbox"/> Other		<input type="checkbox"/> No Response
--	--	---	--	---	--	--------------------------------------

2) **SEX:**

Male Female No Response

3) **AGE GROUP:**

16 17 18 to 25
 41 to 65 26 to 40 66 and older
 No Response

4) **HOW DID YOU HEAR ABOUT THIS JOB?** (Please check only one)

<input type="checkbox"/> Sidney Daily News <input type="checkbox"/> Area Newspaper <input type="checkbox"/> Ohio Employment Service		<input type="checkbox"/> Friend <input type="checkbox"/> Current Employee <input type="checkbox"/> Professional Journal		<input type="checkbox"/> Internet <input type="checkbox"/> Radio/Television <input type="checkbox"/> No Response
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5) **RESIDENCE:** (Please check only one)

Sidney Shelby County Ohio Out of State No Response

6) **DO YOU HAVE A KNOWN DISABILITY?**

Yes No No Response



APPLICANT RELEASE FORM



I, _____ presently residing at _____,

_____ have applied for a position with the Sidney Fire Department in the City of Sidney. I have been advised and am fully aware that the Sidney Police Department and the Sidney Fire Department, or their representative, will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I authorize release to the Sidney Police Department and the Sidney Fire Department of any confidential records and information that the Departments may want in connection with my application for employment.

I hereby waive all provision of law forbidding any physicians or any school official, court, police agency, credit bureau, employer, military, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Sidney Police Department and the Sidney Fire Department. I hereby give consent and request any such person to disclose any such knowledge or information he/she has regarding me to the Sidney Chief of Police and the Sidney Fire Chief or their representative. I further consent and request that the Sidney Police Chief and the Sidney Fire Chief or their representative be provided with a copy of any such records which they desire.

Signature: _____

Subscribed and duly sworn to me according to law, by the above named applicant on this
_____ day of _____, 20__, at _____.

County of _____, State of _____.

Notary Public
My Commission Expires: _____

**SIDNEY FIRE AND EMERGENCY SERVICES
CIVIL SERVICE TESTING
APPLICATION CHECK LIST**

APPLICATION MUST BE:

- (1) Signed and Date – Page 7
- (2) Accompanied with Signed and Dated Disclosure of Consumer Report- Page 8
- (3) Accompanied with **"Notarized" Applicant Release Form** - Page 10
- (4) Accompanied with a copy of **Military discharge Form (DD Form 214)**
(for military credit – Ohio resident only)
- (5) Accompanied with a copy of **Birth Certification**
- (6) Accompanied with a copy of **High School Diploma** or equivalent
- (7) Accompanied with a copy of Ohio Firefighter certification, Ohio Paramedic certification (for credit points for FF and Paramedic)
- (8) Accompanied with a copy of College degree (for education credit)