



MIAMI
TOWNSHIP
FIRE & EMS

FULL-TIME APPLICATION

All applications shall be completed electronically. Hand-written applications will not be accepted.

Applications may be returned:

1. In person at the address to
Captain Burroughs
2. Email to rita.burroughs@miamitwpoh.gov

What You Need To Know:

1. Current starting pay up to \$71,230 (annually including holiday pay)
2. 5-year pay top out (currently \$80,768 annually including holiday pay)
3. Lateral entry program for full-time firefighters from other departments (see the last section of this application)
4. Comprehensive benefits package and state pension
5. 24 / 48 work schedule with 3-week Kelly day (work 2,496 hours / year)
6. Earn up to three additional days off per year
7. Robust union contract. Available for review here by scanning the QR Code:



8. National Testing Network application and testing fees with being hired at Miami Township Fire and EMS will be refunded to a candidate who successfully completes their first year of employment
9. Scan the QR Code below for a brief video about the department:





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 (<i>Home, Work, Cell</i>)		
Home	Work	Cell
Social Security Number	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>			
EMT	Year Completed:	Certification Number:	Institution / Location:
Paramedic	Year Completed:	Certification Number:	Institution / Location:
Firefighter 1	Year Completed:	Certification Number:	Institution / Location:
Firefighter 2	Year Completed:	Certification Number:	Institution / Location:
Fire Inspector	Year Completed:	Certification Number:	Institution / Location:
Instructor	Year Completed:	Certification Number:	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:

Foreign language skills and/or knowledge, including American Sign Language:			
Language:	Ability Level:		
	Speak	Read	Write
	Speak	Read	Write
	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. If needed, additional employment information can be listed on the back page of this application.

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*

* Date of Birth is being requested in order to obtain accurate retrieval of records.

Additional Employment Experience

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

LATERAL ENTRY

ELIGIBILITY

To be eligible for consideration, the candidate must meet the following criteria:

- a. The applicant has been employed for at least 24 consecutive months as a Full-time (FT) Fire Fighter/Paramedic, routinely responding to fire and emergency medical incidents, for a fire and/or EMS department serving a village, city, township, county or other public agency.
- b. The applicant successfully passes the department's written examination and practical skills evaluation.
- c. The applicant successfully passes the department's physical ability test.
- d. The applicant is approved by department and Township interview boards.
- e. The applicant successfully completes a polygraph examination.
- f. The applicant successfully completes a personal background investigation screening. (The applicant must not have received any department discipline more severe than a written reprimand within the preceding 24 months.)
- g. The applicant successfully completes a psychometric profile assessment.
- h. The applicant successfully completes the department's medical screening process, including a drug screen, and is found to be "fit for duty" by a licensed physician.
- i. The applicant must have a valid state issued driver's license.

All applicants must successfully pass all of the phases of screening to receive an appointment to MTF&EMS. Appointments can only be made by the Miami Township Board of Trustees upon recommendation by the Fire Chief.

COMPENSATION

- a. Consideration of past experience shall be used to determine the beginning level of compensation for a lateral entry applicant based upon the following tables.
- b. If a current MTF&EMS PT employee is employed by another agency in a FT capacity, the table for whichever is greater will apply.
 - Full-time Employees From Other Agencies –

Months of Full Time Employment	Enters the Pay Scale at
0 – 23 months	Probationary employee
24 - 35 months	1 year rate
36 – 59 months	2 year rate
60 months or more	3 year rate

Vacation

Vacation will be accrued in accordance with the Collective Bargaining Agreement (CBA).

Seniority

All employees, regardless of their means of entry into the department, shall have their seniority with the department calculated from their date of FT appointment with MTF&EMS, in accordance with the CBA.

Sick Time

New employees, who previously worked for other public agencies may transfer sick time in accordance with current Township policy.