

Odessa Fire Company Part-Time Employment Opportunity  
Firefighter/Emergency Medical Technician  
Position Open When Indicated on OFC Website  
Number of positions: Varies

Nature of Position: Employees will be responsible for staffing basic life support ambulances on a daily basis, providing emergency medical care & transportation. During fire suppression activities, employees must be able to utilize hose lines and ladders, and also perform duties with self-contained breathing apparatus.

Responsibilities will also include: Routine checks on equipment and tools, light vehicle maintenance, light janitorial work, as well as fire prevention, administrative functions and logistical support as needed.

Employees must show initiative at promoting the team concept. Employees must pass a criminal background check, reference verification, and random substance abuse screening. There will be a ninety [90] day probationary period for this position.

Hours of Work: 0600-1800 and/or 1800-0600.

Pay: \$16.00 per hour.

Benefits: None offered for part time employees.

Minimum Qualifications:

- High school graduate or GED equivalent
- Must be at least Nineteen <19> years of age
- Possess a valid Driver's License and possess or obtain an Emergency Vehicle Operator Certification within 90 days of hire date.
- Must provide a certified copy of a complete driving record from the Division of Motor Vehicles with an issue date not greater than 30 days prior to date of application.
- Must submit to a criminal background check from the Delaware State Police as a conditional offer.
- Must have excellent oral and written communications skills
- Knowledge of applications to complete various reports and ability to utilize appropriate technology to complete Patient Care and Fire Reports.
- Healthcare Provider CPR and AED Certification.
- Completion of defensive driving course within 90 days of hire date.
- Nationally Registered Emergency Medical Technician (with 6 months experience preferred).

Out of state applicants with NREMT are encouraged to apply but will required to complete the Delaware Reciprocity to obtain a Delaware EMT license.

Must Have Successfully Completed and Provide Documented Proof of the Following:

- Current copies of NREMT & State of Delaware EMT cards or out of state certification
- Current copies of Healthcare Provider CPR and AED cards
- Basic Firefighting Skills or equivalent
- Structural Firefighting Skills or equivalent
- Hazardous Materials Response Skills or equivalent
- Vehicle Rescue or equivalent
- Crew Leader or equivalent (Preferred)
- Defensive Driving certificate (If Applicable)

Persons interested in EMT only (not meeting fire related qualifications) are encouraged to apply and will be considered for employment.

**ALL DOCUMENTATION FOR MINIMUM QUALIFICATIONS AND TRAINING MUST ACCOMPANY THE APPLICATION.**

Application Procedure: Applications can be obtained online at [www.ofc424.com](http://www.ofc424.com)

Applications are to be returned electronically to [humanresources@ofc424.com](mailto:humanresources@ofc424.com) or by mail to:

Odessa Fire Company ATTN: Human Resources – Employment P.O. Box 81 Odessa, DE 19730
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Odessa Fire Company is an Equal Opportunity Employer.



**Odessa Fire Company  
304 Main Street  
Odessa, DE 19730**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

When are you available for work if hired? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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Do you have a driver's license?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Non CDL

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**Technology**

Are you comfortable using a computer or tablet for completing DEMRS reports? YES / NO

Are you familiar with New Castle County CAD system? YES / NO

Are you comfortable talking on a two-way radio? YES / NO

Are you comfortable using Emergency Reporting to input NFIRS reports? YES/NO

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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	<b>MILITARY</b>	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes, Branch _____	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From  To
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer?       Yes     No

Did you complete this application yourself       Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Odessa Fire Company, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Odessa Fire Company, Inc. , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Odessa Fire Company, Inc. , may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



**ODESSA FIRE COMPANY**

**EMPLOYEE'S CRIMINAL HISTORY UPDATE AFFIDAVIT**

This affidavit **must** be completed by all employees of Odessa Fire Company ("OFC") each and every year of employment with OFC. Employment will be terminated if not received by OFC.

**AFFIDAVIT**

I have never been convicted of an offense that constitutes any of the crimes set forth in **16 Del. C. §6647** (*attached hereto*) or any similar offense under any federal, State, or local law. I hereby re-affirm and certify that the statements contained in my application for employment, criminal history report and driving record remain true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this certification, I am subject to penalties prescribed by law, including but not limited to immediate termination from employment with OFC and prosecution for perjury.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below:

\_\_\_\_\_  
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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date