



ODESSA FIRE COMPANY

Employment Application

JOB POSTING:

EMT- FIREFIGHTER

PART-TIME

Application Period: Open, continuous.

Hours of Work: 12 hours, 0600 - 1800 & 1800-0600 hrs.
12 hours, 0800 – 2000 hrs.

Salary: \$16.00 per hour

Benefits: Part Time: None

This position will have a 90-day probationary period

SUMMARY STATEMENT:

Individuals in this position report directly daily to the Assistant Chief of Career Services and are responsible for emergency medical care and fire suppression activities. Responsibilities focus primarily on providing emergency medical services which may also include fire suppression operations appropriate to certification level and position assignment; performs duties related to training, fire prevention, facilities/equipment/apparatus maintenance as assigned; does related work as required.

PRINCIPAL ACCOUNTABILITIES:

- Provide emergency and non-emergency medical services as appropriate, including patient stabilization, basic life support, and transport to and from medical facilities.
- Performs fire suppression activities including but not limited to extinguishment, search and rescue, ventilation, forcible entry, salvage/overhaul, and vehicle extrication.
- Operates EMS and fire-related tools/equipment safely and efficiently.
- Operates and drives Company vehicles and apparatus in response to emergency and non-emergency incidents.
- Performs general maintenance and cleaning seeking to maintain the in-service condition of the Company's facilities, equipment, and apparatus.
- Attends and participates in department training.
- Maintains any required professional level certifications.
- Prepares, maintains, and submits reports or records of activities as required.
- Performs related work as required.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of principles and practices of emergency medical services and basic life support.
- Knowledge of methods and techniques of fire suppression and rescue
- Knowledge of operational uses and constraints of EMS/fire/rescue apparatus and equipment
- Knowledge of PC functions and productivity software
- Skill in implementing proper EMS protocols
- Skill in implementing fire/rescue operation procedures
- Skill in the use of EMS/fire/rescue tools and equipment
- Skill in report writing
- Ability to remain calm and professional under stress
- Ability to operate at emergency incidents of varying complexities
- Ability to communicate clearly and concisely, both orally and in writing
- Ability to establish and maintain effective working relationships
- Ability to foster and maintain positive relationships seeking to enhance organizational image and reputation.
- Ability to interact and relate well with individuals of various socioeconomic backgrounds

ADDITIONAL REQUIREMENTS / EDUCATION

- At least twenty-one (21) years of age
- High school diploma or GED
- Possession of a valid NREMT and DE EMT Certification
- Non-member of the Odessa Fire Company
- Possession of valid driver's license, with emergency vehicle operator endorsement and/or equivalent
- Any combination of experience, knowledge, skills, and abilities that demonstrate competency in the above areas
- Completion of following OFC Firefighter requirements and/or equivalent:
 - DSFS Basic Firefighting Skills
 - DSFS Structural Firefighting Skills
 - DSFS Vehicle Rescue
 - DSFS Hazardous Materials Response Skills

**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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	MILITARY	
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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Your last job title		
Reason for leaving (be specific)		
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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

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:** _____

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:

Employee's Signature

Date

Applications are to be returned electronically to HR@ofc424.com or by mail to:

Odessa Fire Company
ATTN: Human Resources – Employment
P.O. Box 81
Odessa, DE 19730