

FIREFIGHTER/MEDIC
CITY OF LYNDHURST
An Equal Opportunity Employer

The City of Lyndhurst will give a written examination for the position of Firefighter/Medic on Saturday, January 29, 2011 **beginning promptly at 9:00 a.m.**, in the cafeteria at Brush High School, 4875 Glenlyn Road, Lyndhurst Ohio 44124. Sign in will begin at 8:30 a.m. All applications must be on forms provided by the Civil Service Commission. Applications are not mailed out. They are available at Lyndhurst Municipal Center, 5301 Mayfield Road, Lyndhurst, Ohio 44124 beginning January 4, 2011. Or can be downloaded from the City's website at www.lyndhurst-oh.com. All applications must be submitted in person. There is a \$20 (non-refundable cash or money order) fee for each returned application.

Applications must be filed in accordance with instructions given in the information packet. An applicant must have a valid Ohio Motor Vehicle Operator's license, be a citizen of the United States of America, be a high school graduate (or equivalent) and must be 18 years old on or before January 29, 2011. No applicant for the position of firefighter shall be eligible for appointment to a position by the Mayor subsequent to the applicant's thirty-first (31st) birthday. The applicant must also possess current Ohio certification as an Emergency Medical Technician-Paramedic (Ohio Registry) and current minimum 240 hours State of Ohio Fire Training Certificate as a "State Certified Professional Firefighter," and upon appointment to fill a vacancy, shall reside in the State of Ohio.

Completed applications, the \$20.00 fee in cash or money order and presentation of required documents will be received at Lyndhurst Municipal Center, 5301 Mayfield Road, Lyndhurst, Ohio, between the hours of 9:00 a.m. and 4:00 p.m. beginning January 4, 2011 and continuing until a maximum of 150 applications have been accepted or through January 24, 2011, whichever comes first. Study guides will be available to those submitting completed applications. The Firefighter's Physical Agility Test will be administered at the **Tri-C Western Campus** on January 23, 2011 **AT THE APPLICANT'S EXPENSE (\$50.00)**. Details will be given in the Information packet. Those holding a passing certificate from Tri-C dated on or after January 29, 2010 may present such original certificate at the time of filing and will not be required to take another physical agility test. Dates of interviews, polygraph and/or CVSA or any other type of truth verification exam as approved by the Commission, medical and psychological exams will be announced to qualified applicants at a later date.

By order of the Civil Service Commission.

Clarice J. White, Secretary

CITY OF LYNDHURST FIRE DEPARTMENT APPLICATION AND BACKGROUND INFORMATION FORM

NOTICE: THIS PERSONAL HISTORY APPLICATION IS INTENDED FOR THE USE OF THE POLICE DEPARTMENT BACKGROUND INVESTIGATORS. ALL INFORMATION CONTAINED HEREIN WILL BE VERIFIED THROUGH INVESTIGATION AND/OR A POLYGRAPH (LIE DETECTOR) EXAMINATION. ANSWERS MUST BE PRINTED OR HANDWRITTEN LEGIBLY IN INK. IF A QUESTION DOES NOT APPLY TO YOU, WRITE D.N.A. IN THE EVENT YOU CANNOT ANSWER A QUESTION OR QUESTIONS CONTAINED HEREIN BECAUSE OF PERSONAL REASONS THE MATTER WILL BE REVIEWED WITH YOU ON AN INDIVIDUAL, PERSONAL BASIS BY THE INTERVIEWING AUTHORITY. INFORMATION MUST BE ACCURATE. FALSE INFORMATION WILL BE CAUSE FOR DISAPPROVING YOUR APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT.

LAST NAME	FIRST	M.I.	DATE OF BIRTH	PLACE OF BIRTH			
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, ALIASES, NICKNAMES, ETC.)							
IF A NATURALIZED CITIZEN, LIST CITY AND STATE WHERE NATURALIZED				DATE NATURALIZED			
AGE	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	DRIVERS LIC. NO.	TYPE	EXP. DATE
RESIDENCE ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			RESIDENCE PHONE	WITH WHOM DO YOU LIVE		RELATIONSHIP	
BUSINESS ADDRESS			BUSINESS AND CELL PHONE		SOCIAL SECURITY NUMBER		
MARITAL STATUS		NAME OF SPOUSE	PRESENT	MAIDEN NAME	SOCIAL SECURITY NUMBER		
AGE	HEIGHT	WEIGHT	DOB	DEPENDENT	BIRTHPLACE OF SPOUSE		NAME & ADDRESS OF SPOUSE'S EMPL.
PREVIOUS RESIDENCE – ADDRESSES WHERE YOU LIVED SINCE YOU WERE 15 YEARS OLD. ACCOUNT FOR ALL OF THE TIME WITH THE MOST RECENT ADDRESS FIRST. DO NOT LIST PRESENT ADDRESS. DURING MILITARY SERVICE, LIST ALL ADDRESSES OFF THE BASE OTHER THAN GOVERNMENT QUARTERS.							
FROM (MONTH, YEAR) TO (MONTH, YEAR)		ADDRESS		WITH WHOM DO YOU LIVE?		RELATIONSHIP	

LYNDHURST FIRE DEPARTMENT FINANCIAL RECORD FORM

1. Are you now, or have you ever failed to meet your financial obligations for child support or alimony?

Yes No

2. Are you now delinquent in any financial obligation?

Yes No

3. Do your monthly payments exceed your take-home pay?

Yes No

4. If yes to questions 2 or 3, then list your indebtedness below.

INDEBTEDNESS – INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSES					
TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT
Name and location of your bank			TOTAL	TOTAL	TOTAL
Savings Account					
Checking Account					
Year, Make, Body Type & License No. of present vehicles			Date purchased	Name of legal owner	

**LYNDHURST FIRE DEPARTMENT
FINANCIAL RECORD FORM**

	Yes	No
Do you, your spouse or ex-spouses have any immediate civil action against you?		
If employed by the Fire Department, do you anticipate any income other than your firefighter salary?		
Have you ever been refused a life, automobile, health, or other insurance policy?		
Have you ever had a life, automobile, health or other insurance policy cancelled?		
Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?		
Have you ever been bonded or had a bond refused?		

WHEN THE ANSWERS TO ANY OF THE ABOVE QUESTIONS IS YES, WRITE IN THE DETAILS (DATE AND LOCATION) ON THIS PAGE

**LYNDHURST FIRE DEPARTMENT
DRIVING AND CRIMINAL RECORD FORM**

DRIVING:

Driver's License No.	State	Expiration Date

LIST ALL MOVING VIOLATIONS, ACCIDENTS, LOCATIONS, AND DATES OF TRAFFIC CITATIONS OR ARRESTS WITHIN THE PAST 15 YEARS, AND DISPOSITION OF CASES:

CRIMINAL RECORD:

Have you ever been detained for investigation, or arrested and/or convicted , either as a juvenile, adult or while in the Armed Forces? Yes _____ No _____. If "Yes", explain. (Include date, charge, agency, penalty)

Has any member of your immediate family (children, mother, father, brothers and sisters) ever been convicted of a felony or misdemeanor? Yes _____ No _____

Has any member of your spouse's family ever been convicted of a felony or misdemeanor?
Yes _____ No _____

Explain any "Yes" answers and identify the family member.

LYNDHURST FIRE DEPARTMENT FAMILY HISTORY FORM

List your relatives in the following order: 1. Father; 2. Mother; 3. Children; 4. Brothers; 5. Sisters; 6. Father-in-law; 7. Mother-in-law; 8. Sisters-in-law; 9. Brothers-in-law; 10. Ex-spouses.			
Relationship: Father	Name (Last, First, Middle)	DOB	Address (Number, Street, City, State, Zip)
Relationship: Mother (Maiden Name)	Name (Last, First, Middle)	DOB	Address (Number, Street, City, State, Zip)
Son _____ Daughter_____	Name (Last, First, M.I.)	Birth Date	Birth Place (City and State)
Address (if different from yours)	Relationship to you (Natural, step, foster)		Relationship to spouse (Natural, step, foster)
Son _____ Daughter_____	Name (Last, First, M.I.)	Birth Date	Birth Place (City and State)
Address (if different from yours)	Relationship to you (Natural, step, foster)		Relationship to spouse (Natural, step, foster)
Son _____ Daughter_____	Name (Last, First, M.I.)	Birth Date	Birth Place (City and State)
Address (if different from yours)	Relationship to you (Natural, step, foster)		Relationship to spouse (Natural, step, foster)
Son _____ Daughter_____	Name (Last, First, M.I.)	Birth Date	Birth Place (City and State)
Address (if different from yours)	Relationship to you (Natural, step, foster)		Relationship to spouse (Natural, step, foster)

Relationship	Name (Last, First, M.I.)	Address

**LYNDHURST FIRE DEPARTMENT
MILITARY AND EDUCATIONAL RECORD FORM**

MILITARY:

	Yes	No	Branch
Have you ever served in the U.S. Armed Forces?			
Registered with Selective Service?			
Have you ever been rejected for service in the U.S. Armed Forces?			
Active Duty Dates	Type of Discharge		
Highest Military Rank Held	Duties or Classification		
Have you ever been discharged from Military Service because of physical, mental, or other than Military completed?	Yes	No	
Are you a member of the Armed Forces Reserve or National Guard?			

If so, Location and Unit _____

EDUCATION:

High School Graduate	Yes	No	GED	Yes	No	Month/Year

List each High School, Trade School, Fire/Paramedic School, College or University that you have attended. INCLUDE THE NAME AND TELEPHONE NUMBERS OF THE INSTRUCTORS FOR FIRE AND PARAMEDIC SCHOOL.

School	Location	Dates Attended	Graduated?(Yes or No)

Organizations, Clubs and groups you are/have been affiliated with

LYNDHURST FIRE DEPARTMENT WORK HISTORY FORM

Have you ever applied for a position with any other Fire Department Yes () No ()			
<small>(IF NO GIVE REASON FOR REJECTION OR DECLINING)</small>			
			() YES () NO
			() YES () NO
			() YES () NO
			() YES () NO
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB () YES () NO			
IF YES, EXPLAIN			
BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE IN SEQUENCE ALL PART-TIME JOBS, PERIODS OF EMPLOYMENT AND MILITARY SERVICE. WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR, AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER .			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DUTIES	
TOTAL TIME EMPLOYED	FULL NAME SUPERVISOR	ADDRESS/ IMMED. SUPERVISOR	PHONE NUMBER OF SUPERVISOR
SALARY	FULL NAME CO-WORKER	ADDRESS/ CO-WORKER	PHONE NUMBER OF CO-WORKER
REASON LEFT			

**FIREFIGHTER & PARAMEDIC
CONTINUING EDUCATION VERIFICATION**

Please indicate the total number of continuing education hours that you have completed for recertification for your firefighter and paramedic certifications:

Paramedic hours completed: _____

Firefighter hours completed: _____

Signing below indicates that the hours are correct to the best of your knowledge at the date of signature. Copies of your continuing education hours may be requested by the Civil Service Commission or the Lyndhurst Fire Department to verify accuracy.

Print name: _____

Signature: _____

Date: _____

**LYNDHURST FIRE DEPARTMENT
PERSONAL REFERENCE FORM**

LIST FIVE PERSONS OTHER THAN RELATIVES, PAST EMPLOYERS, OR IMMEDIATE NEIGHBORS WHO HAVE KNOWN YOU FOR A PERIOD OF MORE THAN FOUR YEARS.

NAME	HOME PHONE NUMBER
ADDRESS	
YEARS KNOWN	OCCUPATION
BUSINESS ADDRESS	PHONE

NAME	HOME PHONE NUMBER
ADDRESS	
YEARS KNOWN	OCCUPATION
BUSINESS ADDRESS	PHONE

NAME	HOME PHONE NUMBER
ADDRESS	
YEARS KNOWN	OCCUPATION
BUSINESS ADDRESS	PHONE

NAME	HOME PHONE NUMBER
ADDRESS	
YEARS KNOWN	OCCUPATION
BUSINESS ADDRESS	PHONE

NAME	HOME PHONE NUMBER
ADDRESS	
YEARS KNOWN	OCCUPATION
BUSINESS ADDRESS	PHONE

CIVIL SERVICE COMMISSION USE – DO NOT WRITE BELOW THIS LINE

HIGH SCHOOL/GED VERIFICATION _____

PARAMEDIC CERTIFICATION _____

FIREFIGHTER TRAINING (240) _____

PHYSICAL AGILITY CERTIFICATE _____

CITY OF LYNDHURST

An Equal Opportunity Employer

AN EMPLOYMENT OPPORTUNITY FOR A CAREER AS A PROFESSIONAL FIREFIGHTER/MEDIC

GENERAL REQUIREMENTS FOR APPLICANTS

Each candidate must return the completed application **in person**, and present the following:

A **non-refundable** fee of **\$20.00** (cash or money order only).

A birth certificate indicating the minimum of eighteen (18) years of age as of the date for taking of such examination (January 29, 2011). Please note that **NO APPLICANT FOR THE POSITION OF FIREFIGHTER SHALL BE ELIGIBLE FOR APPOINTMENT TO A POSITION BY THE MAYOR SUBSEQUENT TO THE APPLICANT'S THIRTY-FIRST BIRTHDAY.**

A high school diploma or an official high school transcript certified by the school or a GED certificate.

Proof of citizenship if foreign born. All candidates must be USA citizens.

Current State of Ohio certification as a **Paramedic (EMT-P) (Ohio Registry) and current minimum 240 hours State of Ohio Fire Training Certificate as a "State Certified Professional Firefighter" CERTIFICATES MUST BE PRESENTED WITH APPLICATION.**

A valid Ohio Motor Vehicle Operator's license.

NATURE OF WORK

General Firefighter/Medic work is the protecting of life and property from fire, accidents, natural disasters or other occurrences where the intervention of the department and its personnel can limit, contain or prevent the loss of life and destruction of property.

A person appointed to the Fire Department will be expected to perform a wide range of activities including, but not limited to, fire suppression, fire prevention, arson investigation, paramedic duty and public relations. While some of the work is of a routine nature, such as maintenance of equipment, facilities, and training, Firefighter/Medics may on a moment's notice, be required to expend maximum physical effort and expose themselves to high hazard situations while performing fire suppression activities, or they may be required to call upon their maximum mental powers when called to perform emergency medical treatment where the well-being and even the life of

a victim could rest upon the treatment delivered by the Firefighter/Medic at the scene of an accident or sudden illness.

WORKING HAZARDS

A Firefighter/Medic must at times be exposed to high hazard situations while performing at fire and emergency scenes. Extreme weather conditions are also encountered by the Firefighter/Medic during the performance of duties, and exposure to contagious diseases does occur.

GENERAL REQUIREMENTS FOR EMPLOYMENT

As to job related activities, applicants must be in good health and be mentally and physically fit.

The Firefighter's Physical Agility Examination will be conducted at the Cuyahoga Community College Western Campus on January 23, 2011; **you must call 216-987-5429 to schedule a time**. Information regarding this examination is attached hereto. It is the responsibility of the applicant to register and pay for the cost of the exam (\$50.00). The City will accept passing certificates of completion from those who have taken the test on or after January 29, 2010. Such original notarized certificate must be presented at the time of filing the application. A passing certificate will reflect a time of 4 minutes and 30 seconds (4 ½ minutes) or faster. Polygraph and/or CVSA, medical and psychological exams and interviews will be announced to applicants at a later date.

Must have good moral character and habits substantiated by a confidential investigation conducted by the Police Department's Investigative Division.

Must have no criminal record, excluding minor traffic violations.

No applicant shall be examined or certified as eligible, nor appointed to any office in the public service, who is found to lack any of the established preliminary requirements for the examination as fixed by the Commission, or who is found to be physically or psychologically unfit for the performance of the duties of the position he or she seeks, or who is addicted to the use of intoxicating liquors, drugs or other illegal substances, or who has been found guilty of any felony or crime involving crimen falsi or moral turpitude, or of infamous or notoriously disgraceful conduct, or who has been dismissed from any branch of public service for delinquency or misconduct, or who has made false statements of any material fact, or who has practiced or attempted to practice any deception or fraud in his or her application or in his or her examination, or in establishing his or her eligibility, or in securing his or her appointment.

Disqualification of Eligible: If at any time after the creation of an Eligibility List the Commission has reason to believe that any person whose name appears on such list is disqualified for appointment because of incapacity developed subsequent to his examination, because of false statements made in his application or for other just and reasonable cause, said person shall be notified and given an opportunity to be heard. If

said person shall fail to appear for such hearing, or it is established at such hearing that said eligible is disqualified or incapacitated for appointment, his name shall be removed from the Eligibility List.

Must have self control and willingness to adapt to military-like discipline.

Firefighters/Medics work closely with shift members for long periods of time and must have the ability to work well with others in a team concept.

Maintain a current, valid State of Ohio driver's license.

Must possess basic computer and keyboarding skills.

Upon appointment to fill a vacancy, applicant shall establish continuous residency within the State of Ohio.

Firefighters/Medics will be required to participate in an active physical fitness and conditional program throughout their entire career and to meet certain physical requirements as prescribed by departmental rules and regulations.

KNOWLEDGE, SKILLS AND ABILITIES TO BE LEARNED

Knowledge of:

- Ohio and Lyndhurst Fire Codes
- Lyndhurst Fire Department Rules and Regulations
- Paramedic Protocols and techniques
- Fire report writing
- Fire control theories, methods and procedures
- Basic building construction methods
- Fire Prevention theories, policies and procedures

Ability and skill to:

- Apply general rules to specific situations
- Observe and react to events accurately and completely
- Complete reports and necessary forms per fire department standards and respond to all hazards and emergencies including but not limited to medical and fire emergencies
- Must have fluent command of written and spoken English
- Calmly handle sensitive or hostile public contacts
- Operate motor vehicles during emergencies
- Care for and use all prescribed equipment provided by The Fire Department

SALARY AND BENEFITS

Current starting salary is \$51,374. Other benefits include the following:

- Pension
- Uniforms
- Time and one-half for overtime
- Sick leave
- Funeral leave
- Vacation
- Paid holidays
- Medical insurance
- Paramedic premium pay 5%
- Longevity compensation

Current salary and benefits as covered by the current Collective Bargaining Agreement.

EMPLOYMENT CONTRACT

Each candidate, prior to appointment with the Lyndhurst Fire Department, is required to enter into an agreement with the City which sets forth certain conditions of employment. Basically, this agreement includes the following contractual conditions:

- Maintain a valid **State of Ohio** Paramedic (EMT-P) Certification (Ohio Registry)
- Maintain a current minimum 240 hours State of Ohio Fire Training Certificate as a “State Certified Professional Firefighter”
- Maintain a valid State of Ohio driver’s license
- Satisfactorily comply with the rules and regulations of the Lyndhurst Fire Department.
- Maintain specified minimum physical fitness standards
- A graduated reimbursement schedule to repay the City for all basic training, special training, and educational courses provided to the employee should the employee voluntarily terminate his employment with the City within two years from the initial date of appointment.

SUMMARY:

STEP 1 Written Exam

The written examination will be administered on **Saturday, January 29, 2011, beginning promptly at 9:00 a.m.** (Sign in begins at 8:30 a.m.) in the cafeteria at **Brush High School, 4875 Glenlyn Road, Lyndhurst, Ohio.** The written score will count for 100% of the total score. **Please bring your driver’s license for identification.**

- STEP II** **Physical Condition Exam (Agility)**
The Firefighter's Physical Agility exam will be administered on **Sunday, January 23, 2011**. Information regarding this examination is attached hereto. It is the responsibility of the applicant to register and pay for the cost of the exam (\$50.00). The City will accept certificates of completion from those who have taken the test on or after January 29, 2010. The **ORIGINAL NOTARIZED** certificate must be presented at the time of filing the application.
- STEP III** **Eligibility List**
Standing on the Eligibility List will be based on the applicant's written examination score only. An applicant must receive a passing grade in the written exam (70%), plus present a passing certificate from Tri-C (4 ½ minutes or faster) in the physical agility test as stated previously, in order to be placed in the Eligibility List. The score in the written exam will determine placement on the list.
- STEP IV** **Employment, Character, Background Investigation Polygraph and/or Certified Voice Stress Analysis.**
Candidates eligible for consideration for appointment to a vacancy shall be subject to an investigation of personal history, a thorough extensive background investigation, a polygraph and/or CVSA or any other type of truth verification exam as approved by the Commission, examination and personal interviews. The Civil Service Commission will review all applications and background and will not certify any candidate who does not meet the qualifications as set forth herein.
- STEP V** **Oral Interviews for candidates presented to Appointing Authority**
Candidates who are **certified** by the Commission will be interviewed by the Appointing Authority and/or his designees.
- STEP VI** **Conditional Offer of appointment subject to successful completion of Steps IV & V.**
- STEP VII** **Medical examination and evaluation of physical health, fitness and capacity, psychological examination.**
Following conditional offer of employment, appointee shall be required to successfully complete a comprehensive medical examination and a psychological examination which will be paid for by the City. Firefighters will be required to meet all requirements of NFPA 1582, 2007 Edition, Chapter 6, "Medical Evaluations of Candidates." The medical and psychological examination will involve and include job related medical and psychological tests, examinations and review of medical and psychological history to determine each applicant's condition and fitness to perform the tasks demanded by the position. Dates of medical and psychological examination will be announced at a later date.

THE CIVIL SERVICE COMMISSION DOES NOT ASSUME RESPONSIBILITY FOR LOCATING CANDIDATES WHO HAVE CHANGED THEIR ADDRESS. THE BURDEN OF REPORTING CHANGES OF MAILING ADDRESS AND PHONE NUMBERS RESTS WITH THE APPLICANT.

SUBMISSION OF FALSE INFORMATION WILL RESULT IN DISQUALIFICATION FROM THE EXAMINATION AND/OR APPOINTMENT

FIREFIGHTER'S PHYSICAL AGILITY TEST INFORMATION

Cuyahoga Community College requires that **all of the Tasks must be completed in (7) minutes or less for entrance into the Fire Academy. Check with each city you are applying for to find out their established times for the physical agility.**

The firefighter's physical agility test consists of the following tasks over a timed course:

TASK 1 - Stair Climb with High Rise Pack

Carry a high-rise standpipe pack (2-50 foot sections of 1 1/2-inch hose weighing 50 pounds) to the third floor of the fire tower. Deposit the hose in the designated location. After Task 2 is completed, this hose will be returned down the stairs to the starting location.

TASK 2 - Hose Hoist

From a third story window, using a hand motion hoist a 50 foot donut roll of 2 1/2 inch hose (about 50 pounds) connected by 5/8 inch rope. This task will be completed twice.

TASK 3 - Forcible Entry

Using the Keiser Force Machine, and a nine-pound hammer, drive a steel beam 5 feet.

TASK 4 - Hose Advance

Pick up the nozzle and move a 1 3/4-inch charged hose straightforward 75 feet.

TASK 5 - Victim Rescue

Drag a 175 pound dummy a distance of 100 feet.

Cuyahoga Community College will issue a certificate of completion indicating the time it takes to complete the tasks. The class participants will be responsible for taking their certificate of completion to the jurisdiction for which they are applying. The certificates will be valid for one year. Applicants must be sure that the fire departments where they are applying for a position will accept the certificate as their standard.

Prerequisites for Firefighter Agility Testing

1. Must show photo proof of identification **after** passing the test. An Ohio Drivers License or State Identification Card is acceptable.
2. Must read and sign a waiver of liability.
3. Must complete a college non-credit registration form and pay a \$50.00 course fee prior to the test date.
4. Must be in excellent physical health. A physician's exam is not required but is highly recommended.

The firefighter's agility testing will be conducted outdoors. Applicants will be required to wear five-pound ankle weights to simulate the weight of firefighter turn out gear. An air tank will be worn during testing for weight only; it will not be used for breathing air. Applicants can furnish their own gloves or they will be furnished. A firefighter helmet must be worn. Helmets will be furnished. Applicants can furnish their own liner, if they prefer. A ball cap or skullcap will work. It is suggested that applicants wear physical training gear with long pants and athletic shoes with good traction.

Firefighting is physically demanding and at times extremely hazardous. Candidates are encouraged to do pretesting exercises that will assist them in completing the agility test.

Please note: Cuyahoga Community College does not assume any responsibility for any medical consequences that might arise from participating in physical agility testing.

**For information: call 216-987-5429 or
216-987-5060**

FIREFIGHTER'S PHYSICAL AGILITY PREP COURSE

FEE: **\$100.00**
TIME: 7:00 - 9:00 PM
LOCATION: Tri-C, West, Fire Tower

COURSE # TBA	Jan. 19, 26 Feb. 2, 9, 16, 2011
COURSE # TBA	Mar. 2, 9, 16, 23, 30, 2011
COURSE # TBA	April 13, 20, 27, May 4, 11, 2011
COURSE # TBA	May 25, June 1, 8, 15, 22, 2011
COURSE # TBA	June 29, July 6, 13, 20, 27, 2011
COURSE # TBA	Aug. 3, 10, 17, 22, 24, 2011
COURSE # TBA	Sept. 14, 21, 28 Oct. 5, 12, 2011
COURSE # TBA	Nov. 2, 9, 16, 23, 30, 2011

CLASS SIZE: 6 Minimum/25 Maximum

Cuyahoga Community College provides this 5 evening, 10 hour course to help train an individual for the Firefighter's Physical Agility Test. Participants will wear and use the same equipment that is required for the test. If insufficient enrollment, the course will be canceled. You will be notified by phone or postcard.

FIREFIGHTER'S PHYSICAL AGILITY TEST

FEE: **\$50.00**
TIME: Test time will be assigned when registering.
LOCATION: **Tri-C, West, Fire Tower**

COURSE #TBA	December 5, 2010
COURSE #TBA	February 20, 2011
COURSE #TBA	April 3, 2011
COURSE #TBA	May 15, 2011
COURSE # TBA	June 26, 2011
COURSE # TBA	July 31, 2011
COURSE # TBA	August 28, 2011
COURSE # TBA	October 16, 2011
COURSE # TBA	December 4, 2011

Registration must be completed and paid prior to the test as explained below. Applicants must sign-in prior to start of the test. Late arrivals will not be tested. If insufficient enrollment, the test will be canceled. You will be notified by phone or postcard.

REGISTRATION INFORMATION

All registrations will close 4 days prior to the start of the course. Applicants will be notified of testing time when registration and payment information are received.

To Register by mail: Complete the registration form enclosed. Make your check payable to and mail to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Rd., Parma, Ohio 44130.

To Register in person: Stop by the Fire Academy Office at the Western Campus of Cuyahoga Community College.

To Register by FAX: Payment must be by credit card
216-987-5468

To Register by phone: Payment must be by credit card
216-987-5429 or 216-987-5060

Registration Deadline: 5:00p.m., the Wednesday prior to the test date.

Refund Policy: Participants will receive a 90 percent refund if they withdraw prior to the test, no refunds thereafter.

Parking: Park in the lot to the right of the Fire Drill Grounds.

Directions to Campus: Exit I-71 at Bagley Road and go East. Exit I-77 at Pleasant Valley Road and go West. Exit The Ohio Turnpike at Exit 10 to I-71 North. The Campus is located at the corner of Pleasant Valley and York Roads, 11000 Pleasant Valley Rd., Parma, OH.



Physical Agility Registration Form

I will be attending: Fall _____ Spring _____ Summer _____

Please Print and Complete All Items

New Student Returning Student Last Attended:
Month Year

Personal Information				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>	<small>Street</small>	<small>Apt. No.</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>	<small>Number</small>			
E-Mail _____				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Ethnic Code <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan				
<input type="checkbox"/> White (non-hispanic) <input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				
Date of Birth (required) _____				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No				

Fire Department Employment Information			
Dept _____			
Position _____			
Address _____			
<small>Number</small>	<small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>
Phone _____			
<small>Area Code</small>	<small>Number</small>		
FAX _____			
<small>Area Code</small>	<small>Number</small>	<small>Extension</small>	

Mail or FAX In Registration	
Payment Type	
<input type="checkbox"/> Letter of Intent (copy attached)	<input type="checkbox"/> P.O # _____ (copy attached)
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> MasterCard	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
<input type="checkbox"/> American Express	Exp. Date _____
V-Code _____ <small>(last 3 digits on reverse side of card)</small>	
Account Number	_____
Name on Card	_____
Signature	_____

Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call 216-987-5429 or 216-987-5060

Mail registrations to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Road, Parma, OH 44130.

Fax registrations to (216) 987-5468.

NOTE: If your Fire Department is paying, you must include either a check, an original purchase order, or a letter of intent signed by the Chief on Department letterhead.

Course Reference Number	Course Title	Start Date	Fee
	Physical Agility Test		\$ 50.00
	Physical Agility Prep Course		\$100.00



CIVIL SERVICE COMMISSION

**APPLICATION FOR FIREFIGHTER/MEDIC
EXAMINATION**

Name: _____

Application No. _____

D.L. No. _____

Date filed: _____

My signature below will signify that I will have reached the age of eighteen by January 29, 2011. I swear that all statements made by me in this application are true, complete and correct to the best of my knowledge. I am aware that any false statement made by me will be sufficient cause for excluding me from participating in the examination and/or removing my name from the Eligibility List established by the Civil Service Commission as a result of this examination. In consideration of allowing me to take this examination for Firefighter/Medic in the City of Lyndhurst my signature below releases the City of Lyndhurst, its officials and employees from any and all liability but not limited to all bodily injuries and property damage arising out of my participation in the physical agility examination portion of this test.

Date

Applicant signature

**SWORN TO AND SUBSCRIBED TO BEFORE ME, A NOTARY PUBLIC, THIS
_____ DAY OF _____, 2011.**

Notary Public