



SALLY L. HUTTON
Mayor

MICHAEL CRAWLEY
Fire Chief

JEFF GINDLING
Assistant Fire Chief

CITY OF RICHMOND

FIRE DEPARTMENT
101 SOUTH FIFTH STREET-RICHMOND, INDIANA 47374
PHONE (765) 983-7266 -- FAX (765) 962-1808
E-mail: mcrawley@ci.richmond.in.us
E-mail: jgindling@ci.richmond.in.us

Dear Applicant,

Testing for the position of firefighter will be scheduled for early 2007. This application should be returned by **January, 26, 2007** by **certified mail ONLY**, to:

**Richmond Fire Department
City of Richmond
101 South 5th Street
Richmond, IN 47374**

The thoroughness of the application will be part of the screening process. Please make sure to follow directions carefully by attaching the required documents and to date and sign each page where indicated. Any applicant who submits an incomplete application will not be allowed to test this year and will have to reapply.

All accepted applicants shall attend an orientation session, which is part of the screening process. Applicants must attend in order to remain in the hiring process. **Orientation is scheduled for Saturday, February 3, 2007** in Vivian Hall on the Indiana University East Campus. Doors will open at 7:30 am and orientation will begin promptly at 8:00 am. **THIS ORIENTATION REQUIRES MANDATORY ATTENDANCE.**

If you have any questions, please feel free to contact me at (765) 983-7266.

Sincerely,

Michael Crawley
Michael Crawley
Fire Chief

MC/bd

Dear Applicant,

The city of Richmond accepts applications for firefighters on a scheduled basis. Some of the basic qualifications and selection procedures consist of but are not limited the following:

1. In order to be eligible to apply for appointment to the Richmond Fire Department, an applicant must be a resident citizen of the United States. You must be a resident of Wayne County, Indiana or an adjoining county and reside in the State of Indiana at the time of appointment to the Richmond Fire Department.
2. Applicant must be at least twenty-one (21) years of age as of June 30, 2007.
3. Applicant must not have attained the age of 36 years at time of hiring.
4. Applicant shall be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of a state authorized to accredit high schools. An equivalency diploma (G.E.D.) issued by such an accredited high school is acceptable.
5. Applicant must be able to acquire a valid Indiana driver's license.
6. A dishonorable discharge from the military service shall disqualify the applicant.
7. Applicants receiving compensation or pension benefits from military service are not disqualified from applying.
8. Applicants must maintain a reliable contracted phone service in his or her residence.
9. Applicants shall not have been convicted of a felony.
10. Applicant must be able to successfully complete both the extensive physical ability test and written aptitude examination.
11. Applicant must be able to pass a thorough background investigation.
12. Applicant must submit to a Structured Oral Interview.
13. Applicant shall not have made any illegal delivery of drugs.
14. Applicant shall not have participated in any illegal use of any type of drugs.
15. Applicant must hold, at a minimum, an Emergency Medical Technician (EMT) State of Indiana certification by the time of hire.

All applicants are required to assist and cooperate in obtaining past employment records or personal history information.

FAILURE TO COOPERATE MAY BE CONSIDERED CAUSE FOR DISQUALIFICATION

If it is found that you have falsified your application, you will be automatically disqualified; or if employed, may be grounds for immediate discharge.

Applications and test results become the exclusive property of the City of Richmond.

I have read and understand the above statement.

Signature of Applicant

Any position vacated between the prescribed testing times will be filled from the eligibility list.

The City of Richmond is an Equal Opportunity Employer

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS FOR FIREFIGHTERS

The essential job functions for a firefighter are performed in and affected by the following environmental factors. A firefighter must:

1. Operate both as a member of a team and independently at incidents of uncertain duration.
2. Spend extensive time outside exposed to the elements.
3. Experience frequent transition from hot to cold and from humid to dry atmospheres.
4. Tolerate extreme fluctuations in temperature and perform physically demanding work in hot (up to 400 degrees F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body cooling mechanisms.
5. Work in wet, icy or muddy areas.
6. Perform a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.
7. Work in areas where sustaining traumatic or thermal injury is possible.
8. Must wear personal protective equipment to prevent face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide or organic solvents either through inhalation or skin contact.
9. Must wear personal protective equipment to prevent face exposure to infectious agents such as Hepatitis B or HIV.
10. Perform complex tasks during life-threatening emergencies.
11. Work for long periods of time requiring sustained physical activity and intense concentration.
12. Face life or death decisions during emergency conditions.
13. Tolerate exposure to grotesque sights and smells associated with major trauma and burn victims.
14. Make rapid transitions from rest to near maximal exertion without warm-up periods.

15. Operate in environments of high noise, poor visibility, limited mobility, heights and in enclosed or confined spaces.
16. Use manual or power tools in the performance of duties.
17. Rely on sense of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety and make critical decisions in confused, chaotic and potentially life threatening environments.
18. Wear personal protective equipment that weighs approximately 50 pounds while performing the essential functions of their job.
19. Perform physically demanding work while wearing positive pressure breathing equipment with 1.5 inch water column resistance to exhalation at a flow of 40 liters per minute.
20. Be able to communicate with people effectively.

RICHMOND FIRE DEPARTMENT

POSITION: Firefighter
DEPARTMENT: City of Richmond Fire Department

The following essential job functions comprise a summary of job duties, requirements and responsibilities contained in the job description prepared for this position. The job description will serve as the primary document in the selection and hiring process and constitutes the context for incumbent job performance and evaluation.

ESSENTIAL FUNCTIONS:

Responds to alarms, rides on or drives vehicle to emergency or fire scene;
Assists with securing appropriate equipment to combat fire; climb ladders, crawls and walks on roofs and floor and uses equipment to open holes and windows;
Suppresses fire by focusing streams of water and/or chemicals toward fire, moves into fire area;
Maintains communication by radio and in person with all emergency personnel at fire/accident scene;
Performs search and rescue, carries victims to safety;
Perform emergency medical services;
Performs salvage and overhaul, monitoring for reoccurrence;
Maintains the station house and all equipment, as assigned;
Provides public relations presentations and station house tours, as assigned;
Attends classroom or in-quarters training as required.
Will be required to perform in hazardous environments.

REQUIREMENTS:

Knowledge of and ability to apply departmental practices, procedures, rules and regulations;
Knowledge of fire suppression techniques and equipment and procedures for rescue and salvage.
Knowledge of and ability to properly use all required equipment;
Ability to perform duties and take appropriate action during emergency situations;
Ability to effectively communicate by radio and in person;
Ability to attain knowledge of service area;
Ability to climb ladders, crawl in cramped spaces and perform duties at considerable heights;
Ability to attend required seminars and training programs;
Ability to legally operate any assigned vehicle;
Ability to maintain good physical condition with ability to effectively perform all essential duties of the position;
Ability to respond to emergencies from off-duty status.

LICENSE/CERTIFICATION NEEDED:

Certification or ability to be NFPA certified as a Firefighter I & II;
Ability to complete all required training and certification as mandated by the State and the Richmond Fire Department;
Must be certified, at time of hire, as an Emergency Medical Technician (EMT) by the State of Indiana and maintain that certification throughout the duration of employment.

RICHMOND FIRE DEPARTMENT

APPLICANT SCREENING PROCESS

The Richmond Fire Department screening process is a complete and comprehensive system designed to select applicants who show the most potential for success as Firefighters. An applicant must successfully complete each of the following phases of the application screening process in order to be eligible for employment.

1. Preliminary Screening
2. Orientation
3. Practice Physical Ability (2 - opportunities)
4. Physical Ability Test
5. Written Examination / Tutorial Session
6. Written Examination
7. Structured Oral Interview
8. Background Investigation
9. Eye Examination
10. Hearing Examination
11. Psychological Screening
12. Physical Examination

RICHMOND FIRE DEPARTMENT

APPLICATIONS

1. Notices are placed in the local newspaper, and on the City of Richmond Web Site, advising that applications are being accepted by the Richmond Fire Department.
2. The application for employment will become the exclusive property of the City of Richmond Fire Department.

ORIENTATION INDEX

All applicants completing the application process successfully should be in attendance at the orientation. **YOU WILL BE NOTIFIED, BY MAIL, IF YOU HAVE NOT COMPLETED THE APPLICATION PROPERLY**, which will eliminate you from any further participation in this year's application process.

The subjects covered in the orientation are as follows:

1. Explanation of Hiring Process
2. Fire Department Organization
3. Salaries
4. Benefits
5. Pension
6. Work Schedule
7. Dates and times of Ability Test
8. Observation of a video of Ability Testing Procedures

NOTE: All steps, times and dates of the hiring process are mandatory and non-waivable by any party. Failure to meet any of the steps, times or dates, will automatically disqualify the candidate. Tardiness in any of the steps will disqualify the candidate.

**RICHMOND FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

NAME - PRINT OR TYPE _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

APPLICANT INFORMATION SUMMARY

RICHMOND FIRE DEPARTMENT

RICHMOND FIRE DEPARTMENT
CITY OF RICHMOND
101 SOUTH 5TH STREET
RICHMOND, INDIANA 47374

STATEMENT OF EQUAL OPPORTUNITY EMPLOYMENT POLICY

The Richmond Fire Department is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensations of employment without regard to race, color, creed, religion, sex, national origin or disability status.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No question on this report is intended to secure information to be used for unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This Summary must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation included.
4. If additional space is needed use the supplemental page at the end of this Summary referencing each item.
5. The completed application must be returned, **by Certified Mail only**, to the Richmond Fire Department.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the Applicant Screening Process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this Summary will result in the rejection of the application.
3. Applications will not be accepted without complete addresses, phone numbers and zip codes.

If you need assistance in completing this Summary, please contact the Richmond Fire Department – (765-983-7266).

RESIDENCES

- A. Present residence (number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex)

- B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses: including off base locations. Also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

From – To	Number	Street	City	State/Zip Code

EDUCATION

List all schools attended at the High School level and above. Include copies of all transcripts and diplomas/degrees.

Years Attended - High Schools

From	To	School	Address	Degree/ Diploma

Years Attended Colleges/Universities

Degree

From	To	School	Address	Diploma

Years Attended Graduate Schools

From	To	School	Address	Degree Diploma

Years Attended Other

From	To	School	Address	Degree Diploma

ATTACH COPIES OF
HIGH SCHOOL TRANSCRIPT OF GRADES AND DIPLOMA
 TO THIS PAGE.

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE
SIGNATURE

ATTACH COPIES OF
COLLEGE TRANSCRIPT OF GRADES AND DIPLOMA/DEGREE
 TO THIS PAGE IF APPLICABLE.

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE
SIGNATURE

EMPLOYMENT RECORD

List chronologically (most current first), all former and current employers. Include full-time, part-time, temporary/seasonal work and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all phone numbers are correct including extension numbers.

1. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

2. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

3. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Reason for Leaving _____

4. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

5. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
6. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
7. Employment Date – From _____ To _____
Name of Company _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
8. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

9. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
10. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
11. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
12. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____
13. Employment Date – From _____ To _____
Name of Company _____
Address & Zip Code _____
Phone Number & Extension _____
Position Held _____
Name of Supervisor _____
Final Salary _____
Reason for Leaving _____

ATTACH A COPY OF YOUR **RESUME** TO THIS PAGE

DO YOU WISH TO SUBMIT ONE ? YES _____ NO _____

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE

SIGNATURE

MILITARY SERVICE

A. Have you ever served on active duty in the Armed Forces of the United States?

Yes _____ No _____

Branch of Service _____

Date of Active Duty (month, day, year) _____

Serial Number _____

B. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit?

Yes _____ No _____

If yes, what is your reserve obligation (if any), unit and location? (address, city, state, zip code, telephone).

C. While in Military Service, were you ever convicted of any offense (civil or military)?

Yes _____ No _____

When? _____

Explain: _____

ATTACH A COPY OF YOUR **DD214** (DISCHARGE PAPERS) TO THIS PAGE

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE

SIGNATURE

ATTACH A COPY OF YOUR
STATE OF INDIANA EMT
AND/OR
PARAMEDIC CERTIFICATION
TO THIS PAGE

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE

SIGNATURE

DRIVER'S RECORD

A. List all vehicle operator's licenses you now hold or have held:

Type (Drivers/ Chauffeur's	State of Issuance	License Number	Expiration Date	Restrictions

B. List all vehicle accidents you have had in the past 3 years:

C. List all traffic citations you have received in the past 3 years:

Date	Location	Charge

D. Has your Driver's License ever been suspended or revoked?

Yes _____ No _____

If yes, explain: _____

ARREST/FELONY CONVICTION RECORD

A. Have you ever been arrested or detained by a law enforcement agency? **

Yes _____ No _____

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B. Have you ever been convicted of a felony? Yes _____ No _____

****NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.**

REFERENCES

List three to five current references (other than relatives and former or current employers):

1. Name _____
Address & Zip Code _____
Phone number during day _____
Occupation _____
Length of Time Known _____

2. Name _____
Address & Zip Code _____
Phone number during day _____
Occupation _____
Length of Time Known _____

3. Name _____
Address & Zip Code _____
Phone number during day _____
Occupation _____

Have you applied for the position of Richmond Firefighter before?

Yes _____ No _____

If so, when _____

DUE TO THE LARGE NUMBER OF APPLICATIONS THAT WILL BE RECEIVED AND THE VARIOUS PHASES OF TESTING YOU WILL BE REQUIRED TO GO THROUGH, WE ARE REQUESTING A PHOTO I.D. FOR PERSONAL VERIFICATION OF EACH APPLICANT

TAPE OR GLUE A RECENT (at least 6 months) PHOTOGRAPH (HEAD & SHOULDER) (front view) TO THIS PAGE.

PLEASE DATE AND SIGN BELOW. THANK YOU!

DATE

SIGNATURE

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application. Use copies only, not originals and attach to the page indicated.

- _____ Certified Copy of Birth Certificate – Page 12
- _____ High School and College transcripts and diplomas (copies only) – Page 14
- _____ DD214 Form if applicable (copy only) – Page 21
- _____ EMT / PARAMEDIC form – Page 22
- _____ One photograph Head & Shoulder (front view) – Page 27
- _____ Addresses and dates pertaining to all prior residences in the last ten years Page 13
- _____ Information pertaining to all present and former employers, (date, names, Addresses & phone numbers of Company) – Pages 15,16,17,18
- _____ Dates of military active duty, serial number and Reserve obligation – Page 20
- _____ Type, expiration date, number and restrictions relating to Driver’s License – Page 23
- _____ Dates, locations, descriptions of any vehicle accident in the last three years. Note any citations – Page 23
- _____ The date, place, charge and the disposition of any arrest (Adult/Juvenile), Local/non-local – Page 23
- _____ Information relating to three to five personal references (names, address, telephone number during the day, occupation, length of time known & Zip code). References shall not include relatives or former/current Employers – Page 24, 25
- _____ Zip Codes
- _____ Authorization and Release Forms (2 pages)

RICHMOND FIRE DEPARTMENT
Ability Test – Release of Liability

I, (Name) _____, having filed an application for employment with the Richmond Fire Department, understand that, as part of the application process, an ability test is required. I hereby agree to release, indemnify, and hold harmless the City of Richmond, Indiana and all of its departments, employees, and agents, including but not limited to the Richmond Fire Department, from any and all liability for any negligence associated with said ability test. This includes, but is not limited to, any liability associated with any injury or death resulting from said ability test. This release shall be binding on my successors, heirs and assigns.

I understand that the Candidate Physical Ability Test may result in dizziness, faintness, nausea, sickness, injury or even death.

Name

Date

Before me a Notary Public in and for said County and State, personally appeared the within named, who acknowledged the execution of the foregoing Release of Liability to be his/her voluntary act and deed.

WITNESS, my hand and notarial seal this _____ day of _____, 20__.

(_____)
Notary Public residing in _____
County, _____ (State)

My Commission Expires:

Seal or stamp must be affixed to each original.

**RICHMOND FIRE DEPARTMENT
AUTHORIZATION AND RELEASE**

I, (Name) _____ born at
(City) _____ (State) _____ (County) _____

on (Date) _____, having filed an application for employment with the Richmond Fire Department hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the position of Firefighter and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information, which may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court association or institution having control of any documents, records and other information pertaining to me, to furnish to the Richmond Fire Department any such information, including documents, records, files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data, and to permit the Richmond Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information. The records, however, will not include any information with respect to a juvenile offense.

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military record to release to the Richmond Fire Department information or photocopies from my military personnel, or only the following information/records _____
_____. This could include a photocopy of my DD Form 214, Report of Separation.

I hereby release, discharge and exonerate the Richmond Fire Department, its agents and representatives, and admission agency of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability for negligence arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Richmond Fire Department.

This authorization may be revoked at anytime, except to the extent that action has been taken in reliance on this authorization.

If not previously revoked, this authorization will expire upon the expiration of any hiring list compiled as a result of this application process.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of _____
SS.)

County of _____

Signature of Applicant (Sign in black ink)

Subscribed and sworn to before me this _____ day of _____ A.D.,
20____.

Notary Public (Sign in black ink)

My Commission Expires

Seal or stamp must be affixed to each original.

SIGNATURE

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I REALIZE THAT MISREPRESENTATION OF FACTS IS CAUSE FOR REJECTION OF MY APPLICATION OR DISMISSAL AFTER APPOINTMENT. I UNDERSTAND THAT FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PHASES OF THE APPLICANT SCREENING PROCESS.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

Subscribed and sworn to before me, a Notary Public in the County of _____,

State of _____, this _____ day of _____,

20____.

Notary Public _____

My Commission Expires: _____

Seal or stamp must be affixed to each original.

REVIEWED BY: (for office use only)

A. Reviewed by: _____

B. Date Reviewed: _____

Date Issued: _____

Date Returned: _____