



City of Olmsted Falls Civil Service Pre-employment Application

You must complete this form to apply for employment. Answers must be complete and legible.

Applications lacking sufficient information will not be processed

The City of Olmsted Falls is an Equal Opportunity Employer and provider of ADA services

PLEASE PRINT				Today's Date: _____	
First Name		M.I.	Last Name		Preferred Name/Nickname
Street Address		Apartment #	City	State	Zip Code
Home/Cellular Phone		Alternate/Work Phone		E-Mail Address	

Have you ever been employed by the City of Olmsted Falls before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide names:	
Driver License No./State	SS#:
Referral Source:	

PLEASE CHECK YES OR NO TO THE FOLLOWING:
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Olmsted Falls will verify the status of every individual offered employment. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the use of a motor vehicle? (if required in the performance of job duties)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Are you related to anyone who currently works for the City of Olmsted Falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate names of relatives and where they work:	
Have you ever served in the U.S. Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Service _____	Dates served: From _____ To _____
Present Status Active ____ Inactive ____	
Did you serve at least 180 consecutive Active Days? Yes ____ No ____ If yes, were you honorably discharged? Yes ____ No ____	

Employment History

Please list below work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume (if available) to this application.

From ____/____/____ To ____/____/____	Employer		Your position and Title		
	No & Street		Supervisors Name, Title and Position		
	City	State	Zip	Supervisors Telephone Number:	
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
	Briefly describe your major duties and reason(s) for termination				

FROM ____/____/____ TO ____/____/____	Employer		Your position and title		
	No & Street		Supervisors Name, Title and position		
	City, State Zip		Supervisors Telephone Number		
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
	Briefly describe your major duties and reason(s) for termination				

FROM ____/____/____ TO ____/____/____	Employer		Your position and title		
	No & Street		Supervisors Name, Title and position		
	City, State Zip		Supervisors Telephone Number		
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
	Briefly describe your major duties and reason(s) for termination				

ADDITIONAL INFORMATION:

UNEMPLOYMENT: ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____/____/____	TO ____/____/____	HOW DID YOU SPEND THIS TIME?
FROM ____/____/____	TO ____/____/____	HOW DID YOU SPEND THIS TIME?

EDUCATION AND TRAINING:

Check all Applicable boxes	School	Grade Completed
<input type="checkbox"/> High School Graduate/GED		
	College and Major	Date of Completion
<input type="checkbox"/> Associates Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Other		

PROFESSIONAL DESIGNATIONS:

Designation	Organization granting designation	Date completed
Designation	Organization granting designation	Date completed

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES:

License/Certificates Issues By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date

SPECIAL SKILLS: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc., and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

References: List three PROFESSIONAL references who may be contacted

Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation



The City of Olmsted Falls will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Olmsted Falls, Mayor's office.

Visit our Internet site www.olmstedfalls.org

Applicant Certification

****READ CAREFULLY BEFORE SIGNING****

I affirm that all of the information furnished in this pre-employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided will result in forfeiting my rights to consideration for employment with the City of Olmsted Falls. I understand that if accepted by the City of Olmsted Falls, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Olmsted Falls is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature

Date

Date Received: _____

Time Received: _____

CIVIL SERVICE COMMISSION

**Competitive Written Examination
For The Purpose of
Updating the Eligible List for**

FIREFIGHTER/PARAMEDIC

**Wednesday, February 23, 2022 - 6:00 p.m.
Olmsted Falls Administration Building
Council Chambers**

Minimum Starting Salary \$52,481

The City of Olmsted Falls, Ohio is accepting applications for the position of Firefighter/Paramedic. The City is currently establishing an eligibility list for this position. **Any person interested must have successfully completed Firefighter II training and be a Certified Paramedic in order to take the Written Examination. Copies of a current Firefighter Agility Test Certificate and Paramedic Certificate must be included by each candidate with the employment application.** Any interested person must obtain the necessary application from the Clerk of Council, Olmsted Falls City Hall, 26100 Bagley Road, Olmsted Falls, Ohio 44138-1897, Monday through Friday, between the hours of 8:30 a.m. and 4:00 p.m. There will be a \$40.00 (non-refundable) application processing and registration fee.

Each applicant for a position on the Fire Department must have an operating telecommunications device at his/her disposal at all times, with the number on file with the Civil Service Commission.

Registration will begin January 27, 2022 and will close on February 10, 2022 at 4:00 p.m. To qualify, each applicant must have reached the age of 18 but be less than 41 and must satisfy all requirements as outlined in the job description attached to the job application, available from the Clerk of Council.

**OLMSTED FALLS CIVIL SERVICE COMMISSION
An Equal Opportunity Employer**

**OLMSTED FALLS CIVIL SERVICE COMMISSION
WRITTEN COMPETITIVE EXAMINATION
FOR FIREFIGHTER/PARAMEDIC**

GENERAL INFORMATION BULLETIN

Date: Wednesday, February 23, 2022

Sign in Begins: 5:30 p.m.

Test: 6:00 p.m.

Place: Olmsted Falls Administration Building – Council Chambers

Minimum Starting Salary: \$52,481

PLEASE BRING YOUR DRIVER’S LICENSE AS A POSITIVE IDENTIFICATION.

1. All applications must be made on the application form furnished by the Civil Service Commission. Completed applications must be returned to the Clerk of Council, Olmsted Falls City Hall, 26100 Bagley Road, Olmsted Falls, Ohio 44138 no later than 4:00 p.m. on February 10, 2022.

FEE: There will be a forty-dollar (\$40) nonrefundable application-processing fee for each applicant taking the examination. The fee must be submitted with the completed application. Cash or check is acceptable. **(No credit cards will be accepted)**. This fee is waived for Olmsted Falls Firefighter personnel and Olmsted Falls residents.

2. Applicants will not be admitted to the examination unless their application has been properly completed, filed, and approved according to the directions and requirements.
3. Qualifications:
Each applicant for admission to the examination for this position must:
 - A. Be a citizen of the United States.
 - B. Have attained the age of eighteen (18) years on or prior to the date of the Written Test and be not older than the age of forty-one (41), per Ohio Revised Code 124.42.
 - C. Be a high school graduate or have a GED certificate. **A copy of the high school diploma or GED certificate must accompany the application, as must any certificates of schooling or related courses and college transcripts.**
 - D. Have a valid Ohio Driver’s License which must be presented at the time of the Written Test. No other form of identification is acceptable.

E. Have an operating telecommunications device at his/her disposal at all times, with the number on file with the Civil Service Commission.

F. Meeting the following requirements:

1. Have completed Firefighter Level II training and be a Certified Paramedic.

(Attach copies of certification, please)

2. Have a current (within one year prior to the date of the Written Test) valid agility test certificate **(Attach copy, please)**

4. All local rules and regulations of the Civil Service Commission, which are on file with the Clerk of Council, apply to each applicant. SPECIAL ATTENTION is drawn to Rule IV, Section 13 (Repeating Examinations), which states in part: "An applicant who has competed in a civil service examination may not repeat that examination or take an examination for the same classification within six (6) months from the date of the first examination unless an alternate form of the examination is given ..."

5. An additional five (5) points or part thereof will be given for Honorable Discharge from the Military Service. **A copy of discharge papers must be submitted with the application.**

6. Notification of test results:

A. Applicants will be notified by mail as to whether or not they have received a passing grade on the Written Test.

B. Applicants who have received a passing grade will be notified by mail of their placement on the Eligible List after that has been certified by the Civil Service Commission.

7. Upon "conditional appointment" by the Appointing Authority, the candidate chosen will complete a PSYCHOLOGICAL EXAMINATION, a PHYSICAL EXAMINATION and a DRUG TEST. Probationary appointment will commence subject to or contingent upon successful passing all examinations.

The PSYCHOLOGICAL EXAMINATION will be given by a licensed psychologist, designated by the Appointing Authority. It will be graded as PASS/FAIL or RECOMMENDED/NOT RECOMMENDED. (terms to be used interchangeably).

The PHYSICAL EXAMINATION and DRUG TEST will be administered by a licensed physician chosen by the Appointing Authority.

A background check for misdemeanors will be conducted at the time of "conditional appointment" for each applicant. No applicant will be eligible if a record of conviction for a felony exists. Each applicant must sign the necessary release forms for each check.

OLMSTED FALLS CIVIL SERVICE COMMISSION

EMPLOYER REFERENCES

Note: This page must be completed and included with your application

This is to certify that I grant permission to _____
(Name of Employer Reference)
to release information pertaining to my employment to the Olmsted Falls Civil Service
Commission.

Signed: _____
(Signature of Applicant)

Date: _____

This is to certify that I grant permission to _____
(Name of Employer Reference)
to release information pertaining to my employment to the Olmsted Falls Civil Service
Commission.

Signed: _____
(Signature of Applicant)

Date: _____

This is to certify that I grant permission to _____
(Name of Employer Reference)
to release information pertaining to my employment to the Olmsted Falls Civil Service
Commission.

Signed: _____
(Signature of Applicant)

Date: _____

OLMSTED FALLS CIVIL SERVICE COMMISSION

PERSONAL REFERENCES

Note: This page must be completed and included with your application

This is to certify that I grant permission to _____
(Name of Reference)
as a personal reference, to release any requested information pertaining to me to the Olmsted
Falls Civil Service Commission.

Signed: _____
(Signature of Applicant)

Date: _____

This is to certify that I grant permission to _____
(Name of Reference)
as a personal reference, to release any requested information pertaining to me to the Olmsted
Falls Civil Service Commission.

Signed: _____
(Signature of Applicant)

Date: _____

This is to certify that I grant permission to _____
(Name of Reference)
as a personal reference, to release any requested information pertaining to me to the Olmsted
Falls Civil Service Commission.

Signed: _____
(Signature of Applicant)

Date: _____

City of Olmsted Falls

FOUNDED IN 1814

9274 COLUMBIA ROAD

OLMSTED FALLS, OHIO 44138-1950

MATT SHEEHAN, FIRE CHIEF

Firefighter/Paramedic

The laws of the State of Ohio, the ordinances of the City of Olmsted Falls as well as the rules and regulations of the Olmsted Falls Fire Department will govern the duties and conduct of a firefighter/paramedic.

Although specific orders and directives are given by ranking officers, the tasks of the firefighter/paramedic require initiative and a thorough understanding of the emergency medical care and current firefighting techniques. The firefighter/paramedic will continually satisfy the requirements for certification in both the areas of firefighter and paramedic while in the employment of the City. He/she will be required to function in this capacity as directed by the Chief of the Department.

A firefighter/paramedic will maintain a valid Ohio driver's license and maintain a driving record that will not adversely affect or prohibit the City's ability to acquire insurance coverage for the Department. He/she will be able to drive the apparatus within the Department and shall be knowledgeable in the operation of all emergency equipment carried on the apparatus and equipment.

The firefighter/paramedic will be required during the term of his/her employment, to perform a wide range of duties associated with emergency situations. These duties may include, but are not limited to, firefighting, emergency medical care and specialized rescue.

The firefighter/paramedic must be aware that this employment may include dangerous and hazardous conditions that pose an undetermined element of personal danger and requires the physical ability to perform the tasks. Therefore, all firefighter/paramedics must maintain a level of physical fitness and agility that enables them to perform the required tasks.