

FIRE FIGHTER/PARAMEDIC
FIREFIGHTER/EMT

Job Description East Haven Fire Dept

This is a full-time position within the municipal fire department. A firefighter trains for and participates in activities that protect life and property via skilled firefighting and rescue operations. National or State of CT certification as a Paramedic or EMT-B is required for hire and must be maintained throughout the employee's career. Work often includes performing strenuous, hazardous tasks during emergency situations. In addition to firefighting and rescue work; a firefighter maintains fire department property, equipment, apparatus, and stations. Additional time is spent training and studying modern firefighting techniques. Direction and supervision is received from superior officers. 2 Separate lists will be formed all candidates must possess a current and valid CT CPAT Card

EXAMPLES OF WORK PERFORMED

Responds to fire alarms; drives fire apparatus; lays and connects hose; holds nozzles and directs fog or water streams; raises and climbs ladders; uses fire extinguishers, bars, hooks, lines and other equipment.

Ventilates burning buildings by opening windows, cutting holes in roofs and floors, or by mechanical means. Performs salvage operations such as throwing salvage covers, sweeping water, and removing debris.

Removes persons from danger and administers first aid when necessary.

Attends training courses; reads and studies assigned materials related to firefighting and prevention.

Participates in fire drills and attends classes in firefighting and emergency medical care.

Performs general maintenance work in the upkeep of fire department property: cleans and washes floors and walls; repairs property and equipment; washes, and dries hoses; washes, cleans, polishes, and tests apparatus.

Complete Medicals calls at both the Paramedic and EMT levels, Maintain all required certifications throughout your Career, Complete all reports both written and electronic required by all agencies we work with regarding Medical calls.

REQUIRED KNOWLEDGE, ABILITIES AND SKILL

Ability to learn a wide variety of firefighting duties and methods within a specified probationary period.

Knowledge of emergency medical procedures and skill in their application.

Knowledge of the district's geography, including the location of streets, major buildings and water supply sources.

Ability to establish and maintain effective working relationships with fellow employees and the general public.

Ability to understand and follow oral and written instructions.

Skill in operating motor vehicles.

Must have a valid Connecticut driver's license.

ESSENTIAL FUNCTIONS

Ability to read, speak, write and understand English to effectively communicate with citizens and employees by telephone, two-way radio, in written form or face-to-face.

Ability to hear speech and other sounds effectively to allow for the taking of directions from dispatchers and command officers and to avoid injury from accident.

Possess full physical agility and be capable of performing all required tasks ie: rescue of individuals, movement of unconscious persons and carrying of heavy equipment and hose lines.

Ability to work long hours outdoors, occasionally under adverse weather conditions.

Shall not pose a direct threat to the health or safety of other individuals in the work place or citizens encountered during work.

SPECIFIC EXAMPLES OF FIREFIGHTER ACTIVITIES

Driving fire apparatus and other emergency vehicles; dragging and carrying various lengths and sizes of fire hose; directing streams of water through nozzles; carrying, raising and climbing ladders; carrying equipment up and down ladders; using forcible entry tools such as saws, axes, bars, etc. to open holes in walls, roofs and floors; wearing breathing apparatus while performing interior search and rescue operations, usually in heavy heat and smoke conditions; tying a variety of fire service knots for raising and lowering equipment and/or rescue trapped or unconscious persons; extending hose lines by making and/or breaking hose couplings; carrying unconscious persons down ladders;

performing salvage operations such as throwing salvage covers, sweeping water and removing debris; sending and receiving radio transmissions; giving and receiving instructions; administering first aid and CPR; operating cardiac defibrillators; cleaning and washing equipment, hose and fire vehicles; repairing vehicles and equipment; cleaning and washing floors and walls in fire stations; shoveling snow from fire station walks and drives; work out to remain physically fit; speaking to civic groups, students and assembled citizens; attending conferences and training sessions; remaining calm in difficult and dangerous situations; Candidate must also be Tobacco Free, Drug Free and Must maintain good physical health in accordance with the provisions set by the Fire Chief

NAME: _____

EMAIL ADDRESS: _____

**TOWN OF EAST HAVEN
DEPARTMENT OF FIRE SERVICE
EMPLOYMENT APPLICATION**



TOWN OF EAST HAVEN
DEPARTMENT OF FIRE SERVICE

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

I.D. # _____
(To be completed by agency)

**TOWN OF EAST HAVEN
DEPARTMENT OF FIRE SERVICE
EMPLOYMENT APPLICATION INSTRUCTIONS**

Read each question carefully ANSWER EVERY QUESTION. If the question does not apply to you, so state. Leave no blank spaces.
All entries, except the signature, must be printed legibly in blue or black ink by the applicant. If the space provided for answering any question is insufficient, use a separate sheet and attach it to the application. Be sure to precede each answer on the extra sheet with the number of the question being answered.

There are **3** waiver forms at the end of the application.

WAIVERS MUST BE SIGNED BY THE APPLICANT AND NOTARIZED.

When completely filled out, the application must be signed in the presence of a Notary Public and returned to the location listed below. Be sure to attach any documents required, as indicated in the instructions.

If not satisfactorily filled out, this application may be rejected on the grounds of incompleteness or inability to follow directions.

RETURN THIS APPLICATION TO:

CIVIL SERVICE COMMISSION
TOWN OF EAST HAVEN
250 MAIN STREET
EAST HAVEN CT 06512

RETURN BY: FEBRUARY 10, 2012

MINORITIES. FEMALES, HANDICAPPED AND VETERANS ARE ENCOURAGED TO APPLY EAST HAVEN IS AN EQUAL OPPORTUNITY EMPLOYER.

IMPORTANT NOTICE

As part of the screening process for the Firefighter position, candidates may be required to undergo all or part of the following activities:

1. Psychological Evaluation
2. Drug Screening Test
3. Detailed Background Investigation

**CANDIDATE PHYSICAL ABILITY TEST (CPAT)
INSTRUCTIONS**

1. TO PARTICIPATE IN THE CIVIL SERVICE EXAMINATION EACH APPLICANT MUST SUBMITTED CPAT CERTIFICATION ISSUED AFTER 1/1/11.
2. IF YOU DO NOT CURRENTLY HAVE A VALID CPAT CERTIFICATE, YOU MUST FILE AN APPLICATION WITH THE CONNECTICUT FIRE ACADEMY BY FEBRUARY 10, 2012 TO PARTICIPATE IN THE NEXT CPAT EXAM.
3. THE CPAT APPLICATION IS ATTACHED TO THE CIVIL SERVICE APPLICATION AVAILABLE AT TOWN HALL OR CAN BE ACCESSED ON-LINE AT www.ct.gov/cfpc AND **MUST BE RETURNED TO THE CONNECTICUT FIRE ACADEMY BY FEBRUARY 10, 2012.**
4. THERE IS A \$150.00 FEE FOR THE CPAT EXAM THAT MUST BE SENT ALONG WITH THE CPAT APPLICATION TO THE CONNECTICUT FIRE ACADEMY .
5. ANY CANDIDATE WHO DOES NOT REGISTER FOR THE CPAT EXAM BY FEBRUARY 10, 2012 OR FAILS THE CPAT EXAM WILL NOT BE ELIGIBLE TO CONTINUE IN THE TESTING PROCESS.
6. THE CIVIL SERVICE APPLICATION MUST BE RETURNED TO THE CIVIL SERVICE OFFICE OR THE OFFICE OF THE MAYOR, 250 MAIN STREET, EAST HAVEN, CT 06512 BY FEBRUARY 10, 2012.

PLEASE CHECK ONE:

_____ **I HAVE ATTACHED A COPY OF MY CPAT CERTIFICATION ISSUED AFTER 1/1/11.**

OR

_____ **I HAVE SUBMITTED AN APPLICATION TO THE CONNECTICUT FIRE ACADEMY TO PARTICIPATE IN THE CPAT EXAM.**

SIGNATURE OF CANDIDATE DATE PRINT NAME

**TOWN OF EAST HAVEN
DEPARTMENT OF FIRE SERVICE
EMPLOYMENT APPLICATION DOCUMENTS**

PLEASE SUBMIT COPIES OF THE FOLLOWING DOCUMENTS IF
APPLICABLE WHEN RETURNING THIS APPLICATION

- () DRIVER'S LICENSE OTHER THAN CONNECTICUT
- () CONNECTICUT MOTOR VEHICLE DRIVER'S LICENSE
- () BIRTH CERTIFICATE
- () MILITARY DISCHARGE PAPERS
- () HIGH SCHOOL DIPLOMA AND/OR EQUIVALENCY
CERTIFICATE(S)
- () NATURALIZATION PAPERS
- () COLLEGE DIPLOMA
- () EMT-B or EMT-P CERTIFICATION
- () CPAT CERTIFICATION (if available)

ABOVE DOCUMENTS, AS INDICATED, **MUST** BE RETURNED WITH
YOUR APPLICATION TO:

CIVIL SERVICE COMMISSION
TOWN OF EAST HAVEN
250 MAIN STREET
EAST HAVEN, CT 06512

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

9. RELATIVES: GIVE COMPLETE NAMES AND ADDRESSES (IF DECEASED, SO STATE)

SPOUSE _____

CHILDREN (INCLUDES STEPCHILDREN AND ADOPTEE)

FATHER _____

MOTHER _____

BROTHERS _____

SISTERS _____

10. LIST ALL CLUBS, SOCIETIES, OR ORGANIZATIONS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER.

_____ LOCATION _____

_____ LOCATION _____

_____ LOCATION _____

_____ LOCATION _____

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

EDUCATION

11. HIGH SCHOOL _____

LOCATION _____
CITY STATE

DATES ATTENDED _____ TO _____ DIPLOMA RECEIVED? _____

COLLEGE _____

LOCATION _____
CITY STATE

DATES ATTENDED _____ TO _____ DEGREE RECEIVED? _____

MAJOR _____ MINOR _____

OTHER _____

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

EMPLOYMENT

12. START WITH PRESENT OR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY, LISTING ALL EMPLOYMENT, INCLUDING SUMMER AND PART-TIME WORK.

<u>DATES OF EMPLOYMENT</u>	<u>FIRM NAME & ADDRESS</u>	<u>SALARY</u>	<u>POSITION HELD</u>	<u>DESCRIPTION</u>	<u>NAME AND TITLE OF SUPERVISOR</u>
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REASON FOR LEAVING:

<u>DATES OF EMPLOYMENT</u>	<u>FIRM NAME & ADDRESS</u>	<u>SALARY</u>	<u>POSITION HELD</u>	<u>DESCRIPTION</u>	<u>NAME AND TITLE OF SUPERVISOR</u>
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REASON FOR LEAVING:

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

EMPLOYMENT (continued)

<u>DATES OF EMPLOYMENT</u>	<u>FIRM NAME & ADDRESS</u>	<u>SALARY</u>	<u>POSITION HELD</u>	<u>DESCRIPTION</u>	<u>NAME AND TITLE OF SUPERVISOR</u>
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<u>DATES OF EMPLOYMENT</u>	<u>FIRM NAME & ADDRESS</u>	<u>SALARY</u>	<u>POSITION HELD</u>	<u>DESCRIPTION</u>	<u>NAME AND TITLE OF SUPERVISOR</u>
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REASON FOR LEAVING:

<u>DATES OF EMPLOYMENT</u>	<u>FIRM NAME & ADDRESS</u>	<u>SALARY</u>	<u>POSITION HELD</u>	<u>DESCRIPTION</u>	<u>NAME AND TITLE OF SUPERVISOR</u>
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REASON FOR LEAVING:

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

EMPLOYMENT (continued)

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?
YES _____ NO _____ IF YES, ANSWER THE FOLLOWING:

NAME OF EMPLOYER/COMPANY NAME OF IMMEDIATE SUPERVISOR

ADDRESS OF EMPLOYER/COMPANY TELEPHONE NUMBER

REASON(S) FOR TERMINATION

HAVE YOU EVER RECEIVED A DISCIPLINARY NOTICE OR SUSPENSION?

YES _____ NO _____ IF YES, NAME OF EMPLOYER:

MILITARY

13. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE
UNITES STATES?

YES _____ NO _____

DATES OF SERVICE _____ TO _____ BRANCH _____

HIGHEST RANK HELD _____

SPECIAL DUTIES/TRAINING _____

14. TYPE OF DISCHARGE AND PERTINENT DETAILS (BE SPECIFIC):

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

MILITARY (continued)

15. ARE YOU NOW A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD?

YES _____ NO _____ WERE YOU IN THE PAST? YES _____ NO _____

BRANCH _____ RANK _____

ADDRESS _____

DATES: _____ TO _____

REFERENCES

16. GIVE THE NAMES OF THREE REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS;

A. NAME _____ TELEPHONE _____

ADDRESS _____

STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

B. NAME _____ TELEPHONE _____

ADDRESS _____

STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

C. NAME _____ TELEPHONE _____

ADDRESS _____

STREET CITY STATE

OCCUPATION _____ YEARS KNOWN _____

BUSINESS ADDRESS _____ TELEPHONE _____

**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

REFERENCES (continued)

17. GIVE THE NAMES OF THREE SOCIAL ACQUAINTANCES IN YOUR AGE GROUP WHO ARE NOT RELATIVES, FORMER EMPLOYERS OR REFERENCES:

A. NAME _____ TELEPHONE _____
ADDRESS _____ YEARS KNOWN _____

B. NAME _____ TELEPHONE _____
ADDRESS _____ YEARS KNOWN _____

C. NAME _____ TELEPHONE _____
ADDRESS _____ YEARS KNOWN _____

CRIMINAL - M/V SUMMONS RECORD

18. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR VIOLATION OR RECEIVED AN INFRACTION FOR CRIMINAL ACTIVITY? YES ___ NO ___
IF YES, GIVE COMPLETE DETAILS, INCLUDING DATES OR ARREST AND HEARING(S), LOCATION OF OFFENSES, CHARGES, DETAILS OF THE INCIDENT, AND DISPOSITION.

19. HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE OFFENSE OR RECEIVED A MOTOR VEHICLE INFRACTION WITHIN THE LAST TEN YEARS?
YES ___ NO ___

IF YES, LIST THE OFFENSE(S), DATES OR ARREST AND LOCATION:

<u>OFFENSE</u>	<u>DATE</u>	<u>DISPOSITION</u>	<u>LOCATION</u>
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**TOWN OF EAST HAVEN
FIRE DEPARTMENT APPLICATION**

20. HAS YOUR OPERATOR'S LICENSE EVER BEEN REVOKED OR SUSPENDED?
YES_____ NO_____ IF YES, PLEASE EXPLAIN: _____

GENERAL

21. ARE YOU CURRENTLY USING, THAT IS INGESTING, INJECTING, SNIFFING, ABSORBING OR OTHERWISE CAUSING TO ENTER YOUR BODY, ANY NON-PRESCRIPTIVE DRUGS OR SUBSTANCES, INCLUDING HALLUCINOGENIC DRUGS, STIMULANTS, DEPRESSANTS, NARCOTIC DRUGS, OTHER TYPES OF CHEMICALS OR ALCOHOL?

YES_____ NO_____ IF YES, PLEASE ANSWER THE FOLLOWING:

WHEN WAS THE LAST TIME YOU USED A DRUG OR SUBSTANCE?

WHICH DRUG OR SUBSTANCE DID YOU USE AND HOW WOULD YOU CHARACTERIZE YOUR CURRENT USAGE?

DRUG

USAGE (INFREQUENT, FREQUENT)

22. LIST ANY SPECIAL SKILLS, QUALIFICATIONS AND LICENSES YOU POSSESS (DO NOT INCLUDE MOTOR VEHICLE OPERATOR'S LICENSE):

23. ARE YOU A CONNECTICUT LICENSED AUTOMOBILE OPERATOR?

YES_____ NO_____ OPERATOR NUMBER AND CLASSIFICATION:

TOWN of EAST HAVEN
CIVIL SERVICE COMMISSION
COMPLIANCE INFORMATION SHEET

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. This data will be kept in a confidential file separate from the application for employment.

Date: _____

Position applied for: _____

Referral Source: New Haven Register Advertisement _____
 UMOJA News _____
 Inner City Newspaper Advertisement _____
 WYBC Radio _____
 Television Advertisement _____
 Job Bank _____
 Church/Civic Group _____
 Walk-in _____
 Friend _____
 Employment Agency _____
 Relative _____
 Other _____

Name: _____ **Phone#:** _____

Address: _____

Check one: _____ Male _____ Female

Check one of the following Race/Ethnic Group: _____ White _____ Hispanic

_____ Black _____ Native American/Alaskan Native _____ Asian/Pacific Islander

Check if any one of the following is applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped

WAIVER OF CONFIDENTIALITY

I HEREBY WAIVE THE PRIVILEGE OF CONFIDENTIALITY TO WHICH I OTHERWISE MAY BE ENTITLED, AND AUTHORIZE THE RELEASE OF THOSE RECORDS ABOUT OR CONCERNING ME AS MAY BE IN THE POSSESSION OF OTHERS, WHICH ARE REQUIRED AS A CONDITION OF MY EMPLOYMENT WITH THE EAST HAVEN FIRE DEPARTMENT, AND WILL ASSIST IN DETERMINING MY SUITABILITY FOR EMPLOYMENT, WITH SUCH DEPARTMENT. AMONG THOSE RECORDS, THE RELEASE OF WHICH I AUTHORIZE THEREBY, SHALL INCLUDE ANY EDUCATION RECORDS, FINANCIAL AND OR CREDIT RECORDS, ARREST, CONVICTION AND FINGERPRINT RECORDS, MOTOR VEHICLE RECORDS, AND EMPLOYMENT AND/OR PERSONNEL RECORDS. I AGREE HEREBY THAT COPIES OF ALL SUCH RECORDS REQUESTED MAY BE RELEASED TO THE EAST HAVEN FIRE DEPARTMENT FOR THE PURPOSES OF MY EMPLOYMENT APPLICATION.

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO ME THIS _____ DAY
OF _____.

NOTARY PUBLIC (SEAL REQUESTED)

ACCIDENT WAIVER FORM

TOWN OF EAST HAVEN, CONNECTICUT

Whereas the Civil Service Commission of the Town of East Haven, Connecticut has called for examinations to be held for the position of **Firefighter.**

Whereas _____ the undersigned, residing at _____ State of _____

has presented to said Civil Service Commission my signed application to participate in this examination, and have been informed that as a part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance, and physical agility in a series of tests.

Now, therefore I, for myself, my heirs, executors, administrators, or assigns, hereby waive any or all claims against the Civil Service Commission of the Town of East Haven, the Town or County itself, and any State Agency or member thereof, now or hereafter to accrue for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of this physical strength and agility test, and I hereby release the Civil Service Commission, the Town or County or any State Agency or member thereof, from any liability or claim for damages for any injury occurring as a result of these tests.

In witness whereof, I have hereunto set my hand and seal this _____

day of _____.

Signed: _____
Applicant

State of Connecticut)

SS: East Haven, Connecticut

County of New Haven)

_____ personally appeared on this _____

day of _____ and signed before me.

Signed: _____
Notary Public

FULL DISCLOSURE

IS THERE ANYTHING IN YOUR PAST OR PRESENT, NOT SPECIFICALLY ASKED IN THIS QUESTIONNAIRE, WHICH, IF IT BECAME KNOWN, WOULD EMBARRASS YOU OR THE DEPARTMENT SO AS TO POSSIBLY CAUSE YOU TO COMPROMISE THE DISCHARGE OF YOUR DUTIES SHOULD YOU BE HIRED AS A FIREFIGHTER.

NOTE

THE ANSWER TO THIS QUESTION IN AND OF ITSELF WILL NOT PRECLUDE YOU FROM BEING HIRED. IT IS MERELY BEING ASKED TO FULLY APPRISE THE DEPARTMENT OF YOUR BACKGROUND AND PREVENT THE POSSIBILITY OF COMPROMISING YOU IN THE FUTURE BECAUSE OF THE DEPARTMENT'S FULL AND COMPLETE KNOWLEDGE OF YOU.

YES _____ NO _____ IF YES, PLEASE EXPLAIN

DATE

APPLICANT'S SIGNATURE