



OREGON CIVIL SERVICE COMMISSION
OPEN COMPETITIVE EXAMINATION ANNOUNCEMENT
FIREFIGHTER 1 (EMT) and FIREFIGHTER 2 (PARAMEDIC)
APPLICANT PACKET

The City of Oregon is offering full testing services for the positions of Firefighter 1 (EMT) and Firefighter 2 (Paramedic) through the National Testing Network, Inc. (NTN). **The application period is July 1, 2024 to August 30, 2024. Testing is open now till August 30, 2024. YOU MUST FILL OUT A CITY OF OREGON APPLICATION AS WELL AS A NATIONAL TESTING NETWORK APPLICATION TO BE ELIGIBLE.** To fill out an application and schedule a written test and Firefighter Mile, go to: www.nationaltestingnetwork.com, select Firefighter and sign up for the Oregon Fire Department. You must register prior to reporting to the testing facility. The closest testing location to Oregon, Ohio is:

Owens Community College
30335 Oregon Road
Perrysburg, OH 43551
567-661-7357

THERE ARE NUMEROUS NTN TESTING SITES AVAILABLE IN MANY OTHER STATES AS WELL AS OHIO.

What to expect at the National Testing Network, Inc. website:

- Completion of the NTN application process.
- Review all information related to the Oregon Fire Department Firefighter positions, applicant process, minimum requirements, and all pertinent documents that need to be completed and submitted.
- Opportunity to take a basic FireTEAM online practice exam as well as the extended version at <http://fireteamtest.com/>
- Schedule your own convenient test time. Tests are offered multiple times a week at testing sites throughout the United States including Owens Community College for northwest Ohio applicants.
- Take high quality job simulation tests in a standardized, fair testing environment.

- Upon completion of the entry level exam, all candidate scores are automatically forwarded to the Oregon Fire Department and Oregon Civil Service Commission. Candidates who attain a passing score (70%) on the entry level written exam and pass the Firefighter Mile physical agility exam will be placed on the department's preliminary eligibility list. The Oregon Civil Service Commission will contact candidates on the list and will invite them to continue to participate in other stages of the department selection process.
- For candidates in northwest Ohio, the Firefighter Mile physical agility exam is offered through Owens Community College on the following dates:
 - o Saturday, July 13 from 9:15am – 2:15pm (schedule through NTN website)
 - o Thursday, July 18 from 1:15pm – 5:30pm (schedule through NTN website)
 - o Friday, July 19 from 8:45am – 12:15pm (schedule through NTN website)
 - We anticipate additional FM physical agility exam dates to open up for August, check the NTN site often

The National Testing Network is a service provided to conduct entry level testing in a standardized, professional environment. The cost of the test is \$55, to be paid by the applicant. Should you want to send your results to multiple participating cities or agencies, you would pay an additional \$12.00 fee for each. The written exam is approximately two hours in length. All applicants must identify themselves with a state issued driver's license or military ID with a photograph of the applicant. Cell phones are prohibited.

The Firefighter Mile consists of ten events designed to simulate critical, physically demanding tasks faced by firefighters during an emergency. Each event has a separate time limit, and the test overall lasts approximately 20 minutes. The cost of the Firefighter Mile is \$105, to be paid by the applicant.

The National Testing Network does not replace the Oregon Fire Department's responsibility and decision making in the testing process. All candidate results are provided to the Oregon Fire Department and Oregon Civil Service Commission where the final decisions are made.

The City of Oregon must receive your completed application form, required certifications, and evidence to add preference points no later than August 30, 2024. The packet may be forwarded using one of the following methods:

- Mail to: City of Oregon, Civil Service Commission, 5330 Seaman Road, Oregon, Ohio 43616
- Deliver the completed and signed documents in person to Oregon Municipal Building, same address as above.
- Email to sgarverick@oregonohio.org

Applicant for Firefighter 1 (EMT) and Firefighter 2 (Paramedic) Positions:

The application process for the Firefighter positions consists of the following steps:

- 1) The applicant must meet all minimum requirements for the position as shown under Job Requirements.
- 2) By August 30, 2024, the applicant must complete and submit the formal City of Oregon application for employment (at the end of this packet), along with the attached:
 - **Copy of all necessary certifications if applying for Firefighter 1 (EMT):**
 - o Current State of Ohio EMT-Basic Certification
 - o AHA Health Care Provider Certification
 - o Current State of Ohio Firefighter I Certification
 - **Copy of all necessary certifications if applying for Firefighter 2 (Paramedic):**
 - o Current State of Ohio Paramedic Certification
 - o AHA Health Care Provider Certification
 - o AHA ACLS Certification
 - o Current State of Ohio Firefighter II Certification
 - Successful completion of Firefighter Mile agility examination
 - If applicable, copy of DD-214 for Veteran's preference points (5 points).
 - If applicable, copy of document from Department of Veterans Affairs certifying a disabled veteran (5 additional preference points).
- 3) After reviewing the results of the written examination provided by the National Testing Network, the Civil Service Commission will then compile eligible applicant names into a preliminary eligibility list.
- 4) The top ranked candidates may be scheduled for an extensive background and credit check along with drug screen testing.
- 5) The preliminary eligibility list will be in effect for a period of one year.

TO BE CONSIDERED, CANDIDATES ARE REQUIRED TO FILE ALL REQUIRED DOCUMENTS NO LATER THAN AUGUST 30, 2024 WITH THE CITY OF OREGON CIVIL SERVICE COMMISSION. CANDIDATES WHO HAVE NOT MET THIS DEADLINE WILL NOT RECEIVE CONSIDERATION FOR EMPLOYMENT.

City of Oregon
5330 Seaman Road
Oregon, OH 43616

APPLICATION FOR EMPLOYMENT
CITY OF OREGON, OHIO



Position Applied For: FF1 (EMT) & FF2 (Paramedic)		Date of Application	/	/
Please take your time in filling out this employment application. The quality and completeness of the information provided will be factored into the city's hiring decision.				
Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability. You may exclude from this application any responses which indicate race, color, religion, sex, national origin, disability, age or ancestry.				
First Name:	Last Name:	M.I.		
Street Address:				Apt. #:
City/State:				Zip Code:
Telephone:				Soc. Sec. No.:
Cell:	Email:			
List all previous addresses in the past twenty years:				
Do you know of any reason why you would not be able to perform the substantial and material elements of the job for which you are applying? Yes _____ No _____ If yes, please explain.				
Have you ever been employed here before? Yes _____ No _____ If yes, give dates				
Are you employed now? Yes _____ No _____ If yes, may we contact your present employer?				
On what date would you be available for work?				
No person shall be eligible for appointment who has been convicted of a felony or any other crime that may, in the view of the Civil Service Commission, comprise an abuse of the public trust. All applicants must pass a background and/or credit check to make this determination.				
Professional License or Certificate: Date _____ Title _____ # _____				
Issued by _____ Expiration Date _____				
NOTE: If you may ever have an occasion to drive city vehicles, an Ohio Department of Highway Safety—Request for Abstract of Driving Record will be requested from the Bureau of Motor Vehicles.				
Driver's License: Do you have a valid Driver's License? Yes _____ No _____ License # _____				
How many points do you have on your Driver's License at the time you filled out this application _____				
Do you have a valid Commercial Driver's License: Yes _____ No _____ License # _____ Class _____				
(A, B or C)				
Is your CDL restricted to vehicles without air brakes (#L)? Yes _____ No _____				

YOU MUST SUBMIT A COMPLETE HISTORY OF EMPLOYMENT SHOWING ALL NECESSARY QUALIFICATIONS AND EXPERIENCE AT TIME OF APPLICATION. FAILURE TO DO SO MAY RENDER YOU INELIGIBLE FOR TESTING.

EMPLOYMENT EXPERIENCE

Start with your present job. Include military service assignments and volunteer activities. Exclude organization name which indicate race, color, religion, sex, national origin, disability, age or ancestry.

1.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
2.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
3.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
4.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
5.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	

EDUCATION

	Elementary	Circle one: High School Diploma or GED	College/University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (Describe Course of Study)				
Describe Special Training, Apprenticeship, Skills & Extra Curricular Activities				
Honors Received:				

Special Skills and Qualifications (Acquired from employment or other experience): Also summarize computer skills and knowledge of various software.

State any additional information you feel may be helpful to us in considering your application (include professional, trade, business or civil activities and offices held). You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

The minimum age for employment with the City of Oregon is 18 years of age. Can you meet this requirement? Yes No

If applying for the position of Police Officer or Fire Officer, the minimum age is 21 years. Can you meet this requirement? Yes No

Are you a Veteran: Yes No
 (If yes, you must provide a copy of DD-214 to show proof of service. If you successfully pass the exam, and have shown proof of service, prior to taking the exam, you will be given 5 additional points. If you show proof of a service related disability prior to taking the exam and successfully pass the exam, you will receive an additional 5 points. A total of 10 points may be granted for both proof of service and disability.)

Do you need any special accommodations for taking this exam? Yes No
 If yes, please explain.

REFERENCES

Give name, address, and telephone numbers of three references who have known the applicant for at least one year, and who are at least 21 years of age. Do not use the name of past employers, relatives or City of Oregon employees.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3.		

Give name, address, and telephone numbers of three work related references.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3		

SPECIAL ACCOMMODATIONS

Anyone who has a disability that needs special accommodations for testing must contact the Civil Service office no later than 72 hours prior to the test to see if arrangements can be made.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision which may include conducting a Criminal Record Check. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information or material omission given in this application or an interview to follow, may result in my discharge whenever it is discovered. I understand, also, that I am required to abide by all rules and regulations of the City of Oregon. I have read the qualifications and can meet the age requirements as set forth herein.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No If yes, please explain.

I understand a post-hire, pre-employment physical examination and a drug and alcohol screen will be required after appointment.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Oregon.

I understand a positive pre-hire drug screen will discharge me from further consideration for employment with the City of Oregon or cause me to be terminated as a city employee.

The City of Oregon established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Oregon are required to sign this policy as a condition of employment.

I understand that I must sign a full release of information statement as a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

Date: / /

Applicant's Signature:

THIS SECTION IS FOR OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

Grade:	Standing:	ACCEPTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>
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By: _____
Civil Service Commissioner

Date: / /

CITY OF OREGON, OHIO
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS: HOME: _____ **WORK:** _____ **CELL:** _____

SOCIAL SECURITY NO.: _____ **DATE OF BIRTH:** _____

TO WHOM IT MAY CONCERN: I am an applicant for the position of FF 1 (EMT) or FF 2 (Paramedic) with the City of Oregon, Ohio. The City of Oregon and its Police Division need to investigate my employment background and personal history to evaluate my qualifications for the position for which I applied. This information will allow the City of Oregon to appropriately and independently verify the information I provided on my job application. It is in the public's interest that all information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any duly assigned representative of the City of Oregon bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Oregon, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for a full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of a background investigation that may provide pertinent data for the City of Oregon Police to consider in determining my suitability for employment by the City of Oregon as FF 1 (EMT) or FF 2 (Paramedic). It is my specific intent to provide access to my personnel information, however, personal or confidential it may appear to be.

I consent to your release of any and all public and private information concerning me, my work record, my background and reputation, my military service awards, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievance filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have, or have had an interest, attendance records, and any internal investigations and discipline, including any files deemed to be confidential, and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, for any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for the release of information, or any attempt to comply with it, I direct you to release such information upon request of a duly accredited representative of the City of Oregon regardless of any agreement I may have made with you previously, to the contrary. The City of Oregon may discontinue processing my application if I refuse to disclose the information requested.

For and in consideration of the City of Oregon acceptance and processing of my application for employment, I agree to hold The City of Oregon, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Oregon. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the appropriate authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the City of Oregon in conjunction with employment procedures.

A photocopy or FAX-copy of this release form will be valid as an original thereof, even though the said photocopy or FAX-copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Date: _____

Signature: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY
SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____

NOTARY: _____

CITY OF OREGON

Classification No. 5540

Firefighter 1 (EMT)

Date 03/2021 Ord. 047-2021

Date xx/xxxx Rev. Ord. xxx-xxxx

POSITION FUNCTION: Under the direction of the Fire Chief, this position is responsible for performing a variety of duties related to firefighting, fire prevention and medical treatment.

JOB RESPONSIBILITIES

KNOWLEDGE, SKILLS AND ABILITIES

Responds to all fire emergency calls within the City of Oregon.

Drives and operates a variety of equipment.

Rescues individuals from all emergency conditions.

Provides first aid treatment.

Operates and utilizes various tools and equipment.

Operates all hoses and fire extinguishing agents.

Provides emergency assistance to those acutely ill or injured.

Drives department apparatus to location.

Administers emergency care after determining the extent of the problem and prioritizes the care in need.

Transports patients to appropriate facilities.

Notifies proper authorities as needed.

Performs inspections of facilities for safety and fire prevention measures as needed.

Knowledge of City and State fire inspection codes and building codes.

Knowledge of modern firefighting, tactics and procedures.

Knowledge of the geographic area of the City.

Knowledge of rescue procedures.

Knowledge of firefighting equipment.

Knowledge of modern emergency care techniques and procedures.

Ability to drive a vehicle under normal and emergency situations.

Ability to deal with stressful situations in a calm and effective manner.

Ability to quickly assess a situation and appropriately prioritize action needed.

Ability to administer life saving techniques.

Ability to maintain and prepare reports.

<p>Remains on stand-by while living in the confines of the fire station while on duty.</p> <p>Performs all other related duties as assigned by the Fire Chief.</p>	<p>Ability to communicate in a clear and concise manner, orally and in writing.</p> <p>Ability to deal effectively with the general public.</p> <p>Ability to establish and maintain effective working relationships.</p>
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TRAINING AND EXPERIENCE REQUIREMENTS:

High School Diploma or G.E.D. Candidates must show proof of the following at time of filing:

- High school diploma or G.E.D.
- Valid Driver's License
- Current State of Ohio EMT-Basic Certification
- AHA Health Care Provider Certification
- Current State of Ohio Firefighter I Certification
- State of Ohio Firefighter II within one (1) year of appointment

CITY OF OREGON

Classification No. 5545

Firefighter 2 (Paramedic)

Date 07/1986 Ord. 090-1986
Date 06/2019 Rev. Ord. 069-2019
Date 03/2021 Rev. Ord. 047-2021
Date 08/2023 Rev. Ord 112-2023

POSITION FUNCTION: Under the direction of the Fire Chief, this position is responsible for performing a variety of duties related to firefighting, fire prevention and medical treatment.

JOB RESPONSIBILITIES

KNOWLEDGE, SKILLS AND ABILITIES

Responds to all fire emergency calls within the City of Oregon.
Drives and operates a variety of equipment.
Rescues individuals from all emergency conditions.
Provides first aid treatment.
Operates and utilizes various tools and equipment.
Operates all hoses and fire extinguishing agents.
Provides emergency assistance to those acutely ill or injured.
Drives department apparatus to location.
Administers emergency care after determining the extent of the problem and prioritizes the care in need.
Transports patients to appropriate facilities.
Notifies proper authorities as needed.

Knowledge of City and State fire inspection codes and building codes.
Knowledge of modern firefighting, fire prevention and emergency medical operations, principles and practices.
Knowledge of the geographic area of the City.
Knowledge of rescue procedures.
Knowledge of firefighting equipment.
Knowledge of modern emergency care techniques and procedures.
Ability to drive a vehicle under normal and emergency situations.
Ability to deal with stressful situations in a calm and effective manner.
Ability to quickly assess a situation and appropriately prioritize action needed.
Ability to administer life saving techniques.

<p>Performs inspections of facilities for safety and fire prevention measures as needed.</p> <p>Remains on stand-by while living in the confines of the fire station while on duty.</p> <p>Performs all other related duties as assigned by the Fire Chief.</p>	<p>Ability to maintain and prepare reports.</p> <p>Ability to communicate in a clear and concise manner, orally and in writing.</p> <p>Ability to deal effectively with the general public.</p> <p>Ability to establish and maintain effective working relationships.</p>
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TRAINING AND EXPERIENCE REQUIREMENTS:

- High school diploma or G.E.D.
- Valid Driver's License
- Current State of Ohio Paramedic Certification
- AHA Health Care Provider Certification
- AHA ACLS Certification
- Current State of Ohio Firefighter II Certification
- Lucas County Approved (within first year of employment)