



**Full-Time Firefighter/Paramedic
Marion Township Fire Department
Marion, Ohio**



NOTICE OF POSITION OPENING

Marion Township Fire Department is currently accepting applications for the 2 positions of Full-Time Firefighter/Paramedic due to a vacancy and upcoming retirement.

Located in Central Ohio, Marion Township has a population of 7,500 and an annual run volume of approximately 2,500 calls for service.

Minimum qualifications include 18 years of age, a high school diploma or GED, Ohio Firefighter Level II certification, a valid Ohio driver's license, and State of Ohio Paramedic Certification.

Desired qualifications include Hazmat Operations level certification, ACLS, & PALS, but not required.

Applicants must complete a criminal background check, driver's license review, personal background investigation, drug test, and OP&FPF physical. Before the appointment, the applicant will have to show proof of the Firefighter Mile or CPAT (Candidate Physical Ability Test) taken within the last 12 months. The cost of the exam is the responsibility of the candidate.

Marion Township employees are required to reside in Marion or an adjacent county.

- Starting Salary as a Firefighter II/Medic \$54,882.08 or \$21.99 per hour for year 2025. Labor contract will be under negotiations in 2025.
- Pay range \$54,882.08 - \$80,951.00 depending on classification.
- 48-hour work week with "Kelly" days. 24 on, 24 off, 24 on, 24 off, 24 on and 4 days off. "Kelly" day every 7th duty day. Yes, we are still a 48-hour department.
- Employer-funded health insurance
- Health Savings Account
- Life Insurance
- 11 Paid holidays
- Vacation
- Overtime opportunities
- Paid training/continuing education program

Application deadline January 31, 2025

Applicants shall submit a current resume with their completed application.

Any questions please call Fire Administration Building at 740-387-5404 or email at fire@mariontwp.org.

Marion Township Fire Department is an Equal Opportunity Employer



MARION TOWNSHIP FIRE DEPARTMENT

Chief Benjamin C. Meddles

762 East Center Street

Marion, Ohio 43302

Phone: 740.387.5404 Fax: 740.382.4727

APPLICATION CHECKLIST

Candidate,

Please refer to the following checklist to guide yourself through the application process. Please make sure the following items are contained within your completed application. Failure to complete documents in their entirety or provide all of the required materials listed on this sheet will disqualify you from consideration.

- ☐ Completed Marion Township Fire Department Application
- ☐ Cover Letter
- ☐ Resume
- ☐ Copy of High School Diploma or GED Certificate
- ☐ Copy of Employment Supplemental Fact Sheet
- ☐ Copy of Firefighter II Certification (if certified)
- ☐ Copy of Paramedic Certification (if Certified)
- ☐ Copy of BLS (CPR) Card
- ☐ Copy of ACLS Card
- ☐ Copy of all other certificates & training listed in resume or application
- ☐ Signed copy of Authorization form

All items are to be placed in a sealed manila envelope with your name on the outside and turned in to the Marion Township Fire Department located at 762 East Center St, Marion, Ohio 43302 no later than 2:00pm on Friday, January 17, 2025. Applications may be postmarked by that date as well. Applications received or postmarked after January 17, 2025, will not be considered. You may also submit via email to FIRE@MARIONTWP.ORG



Marion Township Fire Department Employment Application



Please make sure you complete all parts of the application. Applications lacking sufficient information will not be processed. Also please ensure that your application is received or postmarked by the closing date. Please note that once submitted to a governmental agency, this form will be subject to applicable public records laws.

NAME: _____	DATE OF BIRTH MO: _____ DAY: _____
LAST FIRST MIDDLE INITIAL	YEAR NOT REQUIRED

ADDRESS: _____

CITY: _____	STATE: _____	ZIP CODE: _____
-------------	--------------	-----------------

PHONE: () _____	EMAIL ADDRESS: _____
------------------	----------------------

DRIVERS LICENSE: YES: _____ NO: _____	STATE _____ NUMBER _____ CLASS _____	ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES? YES: _____ NO: _____
---------------------------------------	--------------------------------------	--

EDUCATION

HIGH SCHOOL:	NAME OF SCHOOL _____	LOCATION (CITY, STATE) _____	DIPLOMA? YES NO GED? YES NO
--------------	----------------------	------------------------------	--------------------------------

COLLEGE OR UNIVERSITY	UNIVERSITY NAME _____	LOCATION (CITY, STATE) _____
	ASSOCIATE DEGREE: _____ MAJOR: _____	GRADUATE? YES NO
	BACHELOR DEGREE: _____ MINOR: _____	NO. OF HOURS COMPLETED? _____
	MASTERS DEGREE: _____	

COLLEGE OR UNIVERSITY	UNIVERSITY NAME _____	LOCATION (CITY, STATE) _____
	ASSOCIATE DEGREE: _____ MAJOR: _____	GRADUATE? YES NO
	BACHELOR DEGREE: _____ MINOR: _____	NO. OF HOURS COMPLETED? _____
	MASTERS DEGREE: _____	

COLLEGE OR UNIVERSITY	UNIVERSITY NAME _____	LOCATION (CITY, STATE) _____
	ASSOCIATE DEGREE: _____ MAJOR: _____	GRADUATE? YES NO
	BACHELOR DEGREE: _____ MINOR: _____	NO. OF HOURS COMPLETED? _____
	MASTERS DEGREE: _____	

OTHER OR VOCATIONAL	NAME OF SCHOOL _____	LOCATION (CITY, STATE) _____	GRADUATE? YES NO
PROGRAM DESCRIPTION: _____			

CERTIFICATIONS

PLEASE LIST ALL CERTIFICATIONS THAT YOU CURRENTLY HOLD WITH EXPIRATION DATES

EMPLOYMENT HISTORY

PLEASE LIST YOUR WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT EMPLOYMENT. YOU MAY ALSO INCLUDE MILITARY SERVICE AND VOLUNTEER WORK. PLEASE BE ACCURATE AND ACCOUNT FOR ANY GAPS IN EMPLOYMENT. YOU MAY MAKE COPIES OF THIS PAGE IF NEEDED.

FROM:			
	EMPLOYER NAME		POSITION/TITLE
TO:			
	ADDRESS, CITY, STATE, ZIP CODE		
PHONE NUMBER			
HOURS/WEEK:			
SALARY:	DESCRIPTION AND DUTIES		
MAY WE CONTACT?	YES		REASON YOU
	NO	SUPERVISOR:	LEFT

FROM:			
	EMPLOYER NAME		POSITION/TITLE
TO:			
	ADDRESS, CITY, STATE, ZIP CODE		
PHONE NUMBER			
HOURS/WEEK:			
SALARY:	DESCRIPTION AND DUTIES		
MAY WE CONTACT?	YES		REASON YOU
	NO	SUPERVISOR:	LEFT

FROM:			
	EMPLOYER NAME		POSITION/TITLE
TO:			
	ADDRESS, CITY, STATE, ZIP CODE		
PHONE NUMBER			
HOURS/WEEK:			
SALARY:	DESCRIPTION AND DUTIES		
MAY WE CONTACT?	YES		REASON YOU
	NO	SUPERVISOR:	LEFT

PLEASE LIST OTHER SKILLS THAT YOU THINK WILL HELP YOU IN YOUR CAREER AT THE MARION TOWNSHIP FIRE DEPT.

REFERENCES

PLEASE LIST THREE PROFESSIONAL AND THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU. THEY MAY BE CURRENT OR FORMER EMPLOYERS, SUPERVISORS OR ANYONE WHO CAN SPEAK TO YOUR CHARACTER, SKILLS, AND ABILITIES. SUGGESTIONS MIGHT INCLUDE CHURCH CLERGY, SCOUT LEADERS, SUPERVISORS, INSTRUCTORS, ETC.

PERSONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		
PERSONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		
PERSONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		
PROFESSIONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		
PROFESSIONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		
PROFESSIONAL	NAME		RELATIONSHIP	
	ADDRESS			
	PHONE	EMAIL		

THE PURPOSE OF THE FOLLOWING QUESTIONS IS TO OBTAIN INFORMATION RELEVANT TO EMPLOYMENT WITH THE MARION TOWNSHIP FIRE DEPARTMENT. RESPONSES TO THESE QUESTIONS ARE REQUIRED.

1. SUMMARY OF QUALIFICATIONS: IN THE SPACE PROVIDED BRIEFLY DESCRIBE THE EXPERIENCE, EDUCATION, TRAINING AND OTHER FACTORS THAT QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING

2. PLEASE PROVIDE A DESCRIPTION OF THE SPECIFIC COURSEWORK THAT YOU HAVE TAKEN THAT IS RELATED TO THE POSITION THAT YOU ARE APPLYING FOR. PLEASE ATTACH ANY CERTIFICATES AS WELL TO THE PACKET.

3. HAVE YOU BEEN EMPLOYED BY OR APPLIED FOR ANY POSITION WITH THE MARION TWP. FIRE DEPT? YES NO

LIST START DATE: _____ END DATE: _____ POSITION HELD: _____

4. HAVE YOU BEEN CONVICTED OF A FELONY OR HAVE ANY PENDING CHARGES WHICH, IF CONVICTED, WOULD PREVENT YOU FROM BEING CERTIFIED AS A FIREFIGHTER/PARAMEDIC IN THE STATE OF OHIO? (MAY NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION) YES NO

IF YES, PLEASE LIST: _____

PLEASE NOTE THAT AS PART OF THE HIRING PROCESS YOU WILL CONSENT TO A THOROUGH AND COMPLETE BACKGROUND INVESTIGATION INCLUDING CRIMINAL HISTORY, DRIVING RECORD, AND CREDIT HISTORY.

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be disqualified automatically. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug Free Workplace Program, drug testing may be required. I waive all provisions of the law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they disclose such information to the Marion Township Fire Department, persons or organizations acting in the interest of the Marion Township Fire Department and appropriate officials for recruitment purposes. I understand that employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

SIGNATURE OF APPLICANT: _____ DATE: _____



MARION TOWNSHIP FIRE DEPARTMENT

Chief Benjamin C. Meddles

762 East Center Street

Marion, Ohio 43302

Phone: 740.387.5404 Fax: 740.382.4727

Authorization

I certify that the facts contained in this application, and accompanying resume, are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Marion Township Fire Department.

I understand that employment is conditioned on a background check. I authorize the Marion Township Fire Department to thoroughly investigate all statements contained in my application or resume, and I authorized my former employers and references to disclose information regarding my former employment, education, character, and general reputation to the Marion Township Fire Department without giving me prior notice of such disclosures. In addition, I release the Marion Township Fire Department, any former employers, and all references listed in my application, resume or other documents, from any and all claims, demands, or liabilities arising out of, related to such investigation or disclosure.

I understand and agree that nothing contained within this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, employment will be "at will" and without fixed term, and may be terminated at any time with or without cause and without prior notice at the option of either the Marion Township Fire Department or myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is bidding upon the Marion Township Fire Department unless made in writing.

I agree to submit to a medical examination and drug test prior to starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Marion Township Fire Department and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Marion Township Fire Department the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by the Marion Township Fire Department's Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Marion Township Fire Department or Marion Township to hire. If hired, I agree to abide by all Marion Township Fire Department work rules, policies and procedures as well as those applicable rules, policies and procedures of Marion Township. Marion Township and the Marion Township Fire Department retain the right to revise its policies or procedures, in whole or in part, at any time.

If you are hired by the Marion Township Fire Department, you will be required to attest your identity and employment eligibility and to present documents confirming both your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Date: _____

Signed: _____

Date: _____

Witness: _____



MARION TOWNSHIP FIRE DEPARTMENT

Chief Benjamin C. Meddles

762 East Center Street

Marion, Ohio 43302

Phone: 740.387.5404 Fax: 740.382.4727

Employment Supplemental Fact Sheet

Please supply certification numbers and expiration dates for all applicable items listed below. Additionally provide copies of all certifications, high school and/or college diplomas and transcripts from collegiate institutions.

<u>EMS Information</u>	<u>Certification #</u>	<u>Expiration Date</u>	<u>Copy Attached?</u>
Ohio EMT Paramedic	_____	_____	YES NO
National Registry Paramedic	_____	_____	YES NO
CPR	_____	_____	YES NO
ACLS	_____	_____	YES NO
BTLS	_____	_____	YES NO
PALS	_____	_____	YES NO
PEPP	_____	_____	YES NO
PHTLS	_____	_____	YES NO

<u>Fire Information</u>	<u>Certification #</u>	<u>Expiration Date</u>	<u>Copy Attached?</u>
Ohio Firefighter Level II	_____	_____	YES NO
Ohio Fire Safety Inspector	_____	_____	YES NO

<u>Instructor Information</u>	<u>Certification #</u>	<u>Expiration Date</u>	<u>Copy Attached?</u>
Ohio Fire and EMS Services Instructor	_____	_____	YES NO
Ohio Fire Inspector Instructor	_____	_____	YES NO
BLS/CPR Instructor	_____	_____	YES NO
ACLS Instructor	_____	_____	YES NO
PALS Instructor	_____	_____	YES NO

<u>Other Certifications/Information</u>	<u>Certification #</u>	<u>Expiration Date</u>	<u>Copy Attached?</u>
Hazardous Materials Awareness/Operations _____	_____	_____	YES NO
Hazardous Materials Technician _____	_____	_____	YES NO
Water Rescue (Level: _____)	_____	_____	YES NO
Confined Space (Level: _____)	_____	_____	YES NO
Trench Rescue (Level: _____)	_____	_____	YES NO
Rope Rescue (Level: _____)	_____	_____	YES NO

List any other pertinent fire, EMS or instructor certifications that you may hold and specialty areas that you may be able to teach.

Other Pertinent Information: _____

Out of State Certifications: Are they IFSAC? YES NO

Will they transfer to Ohio? YES NO

List any other pertinent information about your experience and education you would like considered by the hiring committee. _____
