

Firefighter/EMT

The City of Marion, Iowa, is seeking qualified applicants for the position of Firefighter/EMT.

Testing for the position of firefighter for the City of Marion, Iowa will be held at Marion City Hall on Saturday, March 8, 2014, starting at 8:30 a.m. (Registration begins at 8:00 a.m.). Successful candidates will be invited to take the Candidate Physical Abilities Test (CPAT). The CPAT will be held Friday, May 16th and Saturday, May 17th at Hawkeye Downs in Cedar Rapids, IA. Applications may be obtained between February 5, 2014 and February 25, 2014 at www.cityofmarion.org or from the City Clerk at City Hall, 1225 6th Avenue, Marion, Iowa.

Applications and supportive materials must be completed and submitted to the City of Marion City Clerk at 1225 6th Avenue, Marion by no later than 5:00 P.M., Tuesday, February 25, 2014. There is a \$10.00 test fee that must be submitted with completed application.

Applicants must provide proof of current State or National certification as an EMT (Basic level minimum; National Paramedic or Iowa Paramedic Specialist desirable) to be eligible to take the test. All applicants must be in good physical condition and pass the examinations and standards of the Board of Trustees of the Civil Service Commission and the Municipal Fire and Police Retirement System of Iowa. All qualifications of Chapter 400 of the Iowa Code are applicable. The City of Marion is an equal opportunity employer.

Work often includes performing strenuous, hazardous tasks during emergency situations. In addition to firefighting, rescue, and EMS response, a firefighter maintains fire department property, equipment, apparatus and quarters. Additional time is spent training and studying modern firefighting, rescue, EMS, and code enforcement techniques.

PLEASE NOTE

Information specific to the written test may be found at www.fireteamtest.com

A hands-on CPAT practice session will be made available to those interested. Dates TBD.

MARION FIRE DEPT.
ENTRANCE TEST SCHEDULE – 2014

- February 5, 2014** Open for applications (City Clerk’s Office – Marion City Hall, or www.cityofmarion.org (under City Manager/City Employment))
- February 25, 2014** Last day to return applications with payment of the exam fee – Must be returned to the City Clerk, City Hall, 1225 6th Avenue, no later than 5:00 p.m. Incomplete applications and/or applications arriving after that time will not be considered for testing. You will be notified in writing of your application review. Study Guides are available from the Testing Company at www.fireteamtest.com/ .
- March 8, 2014** Written test 8:30 A.M. Marion City Hall, 1225 6th Avenue, Marion. City Hall will open at 8:00 A.M. A picture ID will be required before testing. Late arrivals will not be permitted to test. You must be checked in and seated by 8:30 A.M.
- March 18-19, 2014** Candidate Physical Ability Test (CPAT) Orientation. Orientation session times are as follows: March 18, 2014 6:00 – 9:00 pm and March 19, 2014 9:00 am – 1:00 pm. Attendance is voluntary, but to be considered for the CPAT test, you must either have attended the orientation session and at least one CPAT practice session or sign a waiver indicating knowledge of the orientation and practice dates and acknowledgement that you voluntarily decided to skip said sessions. CPAT Orientation will be conducted at Hawkeye Downs South Exhibition Hall, 4400 6th St SW, Cedar Rapids, IA.
- May 13-14, 2014** Practice sessions of the CPAT will be conducted at Hawkeye Downs South Exhibition Hall, 4400 6th St SW, Cedar Rapids, IA. Times will be as follows: May 13, 2014 from 6:00 – 9:00 pm and May 14, 2014 from 9:00 am to 1:00 pm.
- May 16-17, 2014** CPAT Test will be conducted at Hawkeye Downs South Exhibition Hall, 4400 6th St SW, Cedar Rapids, IA. Please dress appropriately for the test (exercise clothes) and bring a Photo Identification with you. **If you do not arrive on time for the test, you will not be allowed to participate.** Practice sessions for the Candidate Physical Abilities Test (CPAT) Invitations will be sent out detailing the dates/times.
- May 20, 2014** The Marion Certified Civil Service list to be made available.
To Be Announced Those candidates who are on the Marion Certified Civil Service list will be invited to interview on an as-needed basis.

CANDIDATE PHYSICAL ABILITY TEST (CPAT)

This is a pass / fail test based on a validated maximum total time of 10 minutes and 20 seconds.

In these events, the candidate wears a 50-pound vest to simulate the weight of self-contained breathing apparatus (SCBA) and firefighter protective clothing. An additional 25 pounds, using two 12.5-pound weights that simulate a high-rise pack (hose bundle), is added to the shoulders for the stair climb event.

Throughout all events, the participant must wear long pants, and footwear with no open heel or toe. Watches and loose or restrictive jewelry are not permitted.

All props were designed to obtain the necessary information regarding physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety and validity in measuring the candidate's physical abilities. A schematic drawing of the CPAT is included in this orientation material; however, the course layout may vary in order to conform to the fire department's test area. The events and distances between events are always the same.

The events are placed in a sequence that best simulates fire scene events while allowing an 85-foot walk between events. To ensure the highest level of safety and to prevent exhaustion, no running is allowed between events. This walk allows approximately 20 seconds to recover and regroup before each event.

To ensure scoring accuracy, two stopwatches are used to time the CPAT. One stopwatch is designated as the official test time stopwatch, the second is the backup stopwatch. If mechanical failure occurs, the time on the backup stopwatch is used. The stopwatches are set to the pass/fail time and countdown from 10 minutes and 20 seconds. If time elapses prior to the completion of the test, the test is concluded and the participant fails the test.

PREPARATION GUIDE FOR THE CPAT

<http://www.cityofmarion.org/> (Go to "City Clerk & Finance" "City Clerk" and look under "CIVIL SERVICE")

CPAT VIDEO

<http://www.youtube.com/watch?v=4yzaVfsUumo&feature=youtu.be>

CANDIDATE GUIDE TO SUCCESS

<http://www.youtube.com/watch?v=tZMOpRn2yro&feature=youtu.be>

TEST PREPARATION

All candidates may attend orientation sessions during which they will receive hands on familiarity with the actual CPAT apparatus. During the sessions, Marion/Cedar Rapids Firefighters will be available to advise all candidates to help them prepare for the CPAT. Invitation to the sessions will be mailed by February 27, 2014.

TEST FORMS

Prior to taking the CPAT, each candidate must present valid identification, sign a number of forms, complete a waiver and release form and a sign-in form. Candidates are provided an opportunity to review a video detailing the CPAT and the failure points. It is the candidate's responsibility to ask questions if any part of the test events or procedures are not understood. At the conclusion of the CPAT, the candidate must sign the CPAT Evaluation Form and complete and sign the Rehabilitation Form. Failure to complete and sign any of these forms results in failure of the CPAT.

FIREFIGHTER

REVISED 01 06 00
04 03 03
08 04 05

NATURE OF WORK

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 Iowa certification as an 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 fire-fighting and rescue work; a firefighter maintains fire department property, equipment, apparatus, and quarters. Additional time is spent training and studying modern fire-fighting techniques. Direction and supervision is received from superior officers.

FAIR LABOR STANDARDS ACT CLASSIFICATION

In accordance with Federal Fair Labor Standards Act requirements, this position has been classified as non-exempt from the Fair Labor Standards Act.

This position will be paid overtime.

EXAMPLES OF WORK PERFORMED

Responds to fire alarms; drives fire apparatus and auxiliary equipment; 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, hangs, and dries hoses; washes, cleans, polishes, and tests apparatus.

Assists senior officers in fire inspections; check fire escapes, building exits, and related structures for compliance with fire prevention ordinances.

May be required to perform lieutenant's duties in the absence of lieutenant.

Performs related work as required.

REQUIRED KNOWLEDGE, ABILITIES AND SKILLS

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 Iowa 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 bipedal mobility to effectuate 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.

Possess mental functions free from significant aberration, which are essential for rational decision-making in fire fighting operations, the application of emergency medical procedures or technical rescue activities.

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 essential functions are as follows: 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; using complex equipment in accordance with specifications; remaining calm in difficult and dangerous situations; exercising judgment consistent with a person of sound normal mental health with an absence of organic or psycho-logical dysfunction.

MINIMUM EXPERIENCE AND TRAINING

High school diploma. Iowa or National EMT-B certification. Iowa or National EMT-I or EMT-P certification preferred. Iowa or National Fire Fighter I certification desirable. Must have valid Iowa driver's license.

You must return all of the following with your application by the due date:

Copy of Current Driver's License

You must submit a copy of your valid driver's license.

High School Transcript/Diploma or G.E.D.

You must submit a copy of your high school transcript indicating the date of graduation or submit a copy of your high school diploma or General Education Development (GED) Certificate. If you do not have this information, contact the high school that you graduated from. You may also contact the local reference librarian at the city library and request information contained in the publication entitled "Patterson's American Education." This reference gives names of school systems and their addresses.

EMT-B Certification

You must submit proof of your State of Iowa or National EMT-B (or higher) Certification. If you have questions regarding your certification in Iowa contact the Iowa Department of Public Health at <http://www.idph.state.ia.us/ems/certification.asp> Then click on the bulleted item: Iowa EMS Endorsement Application (for out of state or nationally registered providers)

DD 214 Form (Military Record)

If you wish to be considered for Veteran's Preference, you must submit a copy of your DD 214 and it must have the type of discharge imprinted on it. If you have misplaced this form, you can:

- Contact your local recruiter; or
- Check with the county recorder that you recorded your papers with upon discharge: or
- Contact the local reference librarian and request information contained in the pamphlet entitled, "What Every Veteran Should Know."

Civil Service Certificate of Application (included in application)

Must be notarized OR signed in front of city clerk personnel. Original must be submitted. We will not accept copies or faxed certificates.

Copy of birth certificate or proof of naturalization

If not born within the United States, then you must provide proof of citizenship/naturalization.

\$10.00 Application/test fee

Non-refundable

Applications will be accepted from Wednesday, February 5, 2014 through 5:00 p.m. on Tuesday, February 25, 2014. Return the completed application packet to:

City Clerk
City of Marion
1225 6th Avenue
Marion, Iowa 52302

Normal business hours are 8:00 A.M. to 5:00 P.M., Monday thru Friday. The City Clerk that manages the Civil Service documents can be reached at 743-6352.

IF YOU DO NOT TURN IN ALL DOCUMENTS LISTED ABOVE, YOUR APPLICATION WILL BE REJECTED.

All application packets must be turned in no later than 5:00 P.M. on Tuesday, February 25, 2014.

**CITY OF MARION
CIVIL SERVICE COMMISSION
CITY HALL
MARION, IOWA 52302**

READ CAREFULLY!

GENERAL INFORMATION:

Tell the truth about yourself and background. A materially false answer will automatically disqualify you.

All questions must be answered and all answers must be complete. If a question is not applicable, so indicate in the answer section.

Be neat and concise in your answers.

Your application will be checked for completeness and accuracy.

Your application must be signed before a notary public or in the presence of a representative of the City of Marion, Iowa.

It is **YOUR RESPONSIBILITY** to submit **ONE COPY** of each of the following with your application:

1. Education diplomas or certificates and/or educational transcripts.
2. Military discharge separation papers DD214. (Failure to submit your DD214 will result in no veteran preference.)
3. Complete attached forms (application and Certificate of Applicant).
4. Copy of birth certificate or proof of naturalization
5. Copy of current valid driver's license
6. Copy of National or State of Iowa EMT-B (or above) card
7. \$10.00 application fee

All information will become a permanent record of your application and will not be returned to you. All information is confidential.



City of Marion Employment Application

Marion City Hall • 1225 6th Avenue • Marion, Iowa 52302
 (319) 743-6300 • Fax (319) 377-7892 • www.cityofmarion.org

Full Legal Name (Last, First, Middle):	Primary phone:	Secondary/cell phone:
Mailing Address:	E-mail address:	
City, State and Zip Code:	County of residence:	

Position you are applying for:	Closing Date:	Available to start work on:
Check all types of work you will accept: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating shift <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift		
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under the age of 18 list your date of birth:	
Are you a veteran of the US Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are currently employed, may we check with your present supervisor? Yes No

A	Name of present/last employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date End Date
Your Job Title	Reason for leaving/wanting to leave	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
B	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
C	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				
D	Name of previous employer	Supervisor's name	Supervisor's title	Supervisor's phone
Employer Address			Type of business	Start Date End Date
Your Job Title	Reason for leaving	Hours per week	Starting pay	Ending pay
Describe job responsibilities:				

Please list three professional references (people you have worked for or with)		
Name	Relationship (Co-worker, Supervisor, etc)	Contact Number

Are you a high school graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, what is the highest year of education completed?	
Name of school(s) attended after high school. If none, so indicate.	Location (State)	Credits received	Field of study or academic concentration	Degree / Certification
If you are working towards a degree, please list the anticipated completion date:				

Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue:	Drivers' License Number:
CDL License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Endorsements:

Check all that apply and include years of experience				List Trade Experience	Years	List Equipment Used	Years
Type	Years	Type	Years				
<input type="checkbox"/> Typing WPM		<input type="checkbox"/> FrontPage					
<input type="checkbox"/> Windows		<input type="checkbox"/> OnBase					
<input type="checkbox"/> Outlook		<input type="checkbox"/> Paradox					
<input type="checkbox"/> Word		<input type="checkbox"/> FoxPro					
<input type="checkbox"/> Excel		<input type="checkbox"/> Adobe					
<input type="checkbox"/> Access		<input type="checkbox"/> HTML					
<input type="checkbox"/> PowerPoint		<input type="checkbox"/> CAD					
<input type="checkbox"/> Publisher		<input type="checkbox"/> TruTrack					
<input type="checkbox"/> PeopleSoft		<input type="checkbox"/> Dreamweaver					
<input type="checkbox"/> POS Systems		<input type="checkbox"/> Web design					
<input type="checkbox"/> Other (list)							

Please list any other job skills that would be applicable to the position for which you are applying.

List the name(s), department and relationship of any relatives working for the City of Marion. If none, so indicate.
In the last 10 years, have you ever been discharged or suspended from any employment for disciplinary reasons or have you been asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of company and reason:
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <small>(The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other information that is relevant to the position.)</small>

**The City of Marion is an Equal Opportunity Employer.
All information provided is evaluated for relevance to the open position.
Application assistance provided for the disabled upon request.**

I hereby certify that the answers and information given on this application and accompanying documents are true and correct and without consequential omissions of any kind whatsoever. I authorize all previous employers to furnish the City of Marion, to the extent permitted by law, my reasons for leaving, and all other information they may have concerning me. I release them and the company from all liability that may arise from such investigation. I also authorize education institution officials that I have attended herein to give any information to verify listed education. I agree to submit to a pre-placement post-offer physical examination before hiring and/or any time after hiring if required, at City expense. I hereby acknowledge the City of Marion is notifying me of intent to conduct drug or alcohol testing in connection with my employment, or workers compensation benefits. I understand also, that the City may, at its discretion, any time during my employment with the City, conduct a credit report of my person. I consent to the City of Marion, Iowa, retaining whatever outside investigators, credit reporters, doctors, pathologists, investigators, labs, Iowa Court System website and/or other similar public records, etc. to conduct this testing and/or investigation. I understand that I may, if I request, see the results of third party testing, investigations, etc, and have an opportunity to refute the findings. I further understand and certify that a xerographic copy of this statement and my signature is as valid as the original for the purposes named above. The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other information that is relevant to the position. By signing this application, I authorize the City to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal.

Signature of applicant: _____ Date: _____

Open positions with the City of Marion are updated weekly at www.cityofmarion.org . Please provide a valid e-mail address to receive notices regarding your application.

APPLICANT SURVEY	Last Name	First Name
	Position Applied For	

Please take a moment to tell us how you heard about this position.

- Employee Referral - Name: _____
- Job Posting
- City of Marion Website
- Cedar Rapids Gazette
- Other Newspaper or Periodical - Name: _____
- Iowa Workforce Center
- College Recruiter/Job Board
- Corridor Careers Website
- Other Internet Site: _____
- Job Fair
- Other: _____

The City of Marion, Iowa has an Affirmative Action Program in effect. To monitor our recruitment and affirmative action efforts, we are asking each applicant to **voluntarily** give the following information.

This survey is kept separate from your application.

What sex are you?

- Male Female

Of which racial/ethnic group do you consider yourself a member?

- American Indian Asian Black Hispanic White

Thank you for taking the time to complete this form and in helping us to maintain equal employment opportunities.

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SEE NEXT PAGE FOR CERTIFICATE OF APPLICANT

CERTIFICATE OF APPLICANT

I hereby certify that there are no willful misrepresentations in, or falsifications of, the preceding statements and answers to questions. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position with this governmental agency. I also authorize my former employers and officials of educational institutions to give any information regarding my employment and school records. I hereby release them and their company for any damage whatsoever for issuing same. I understand that any offer of employment is subject to satisfactory results from a physical examination by a physician designated by the City of Marion, Iowa, at City expense. I further understand and certify that a photocopy of this statement and my signature is as valid as the original for the purpose named above.

THE FOLLOWING STATEMENT IS FOR POLICE OFFICER APPLICANTS ONLY: I understand that any offer of employment is subject to polygraph testing as requested at City expense.

AUTHORIZATION AND RELEASE

As required by Senate File 115 (The Security and Privacy Bill) which became Iowa Law on August 15, 1973, I hereby authorize the Police Department of the City of Marion, Iowa and/or any other law enforcement agency of the State of Iowa, or any other law enforcement agencies, to give to authorized representatives of the City of Marion, Iowa, any information which it may have, possess, or may obtain bearing upon any criminal or misdemeanor record that I may have.

It is understood that any information so obtained may be used by the City of Marion, Iowa, in determining my fitness for employment by the City of Marion, Iowa, and that said information will be confidential.

I hereby release the above law enforcement agencies and/or any officials and employees thereof from any claims, demands or rights that I may have against them.

As a result of the release of this information to the City of Marion, Iowa, I understand that any false information I may have given, written or orally, will be sufficient cause for my immediate dismissal in the event that I am employed by the City of Marion, Iowa.

Signature of Applicant

Signature of Applicant

State of _____

County of _____

Signed and sworn before me on _____

By _____

Date

Witness from City Clerk's Office

Signature of Notary Public

Title

Title of Office

Seal:

This authorization and release must be signed in the presence of a notary public or a representative of the Marion City Clerk's Office. Original must be submitted. No fax or copies will be accepted.