

**Colerain Township**  
**Department of**  
**Fire and Emergency Medical Services**  
4160 Springdale Road – Cincinnati, Ohio 45251

Dear Applicant,

Thank you for your interest in the Colerain Township Department of Fire and Emergency Medical Services. We accept applications year-round but give preference to those applicants who are already State of Ohio certified as Emergency Medical Technicians, Paramedics, and Firefighters with experience. Application reviews are conducted on a need basis per staffing demands. We will contact you if you are selected to move forward in the hiring process. If your application is on file for more than twenty-four months, you are encouraged to reapply. Additionally, please update your application, should a certification status change (ex: EMT to Paramedic). If you have no certifications, please indicate on your application that you are applying for the position of "Fire and EMS Recruit". For more information regarding the Fire and Emergency Medical Technician Recruit Program, please visit <https://oh-coleraintownship.civicplus.com/393/Fire-and-EMS-Recruit-Program> or call (513) 245-5451.

- A valid driver's license is required to apply. Please submit a legible copy of your license with your application. Any candidate with four or more points on their license will not be considered for hire. Candidates who are already certified and NOT applying for the Fire Recruit Program will also be required to submit the following:

- National Incident Management System (NIMS) 100, 200, 700, and 800. The link to the FEMA website has been provided below. Please visit <http://training.fema.gov/IS/NIMS.aspx> to take the free courses and obtain your certificates. Please print your certificates and submit them with your application.
- Resume' with references;
- A copy of Ohio Firefighter, EMT, and/or Paramedic certification(s);
- A high school diploma, GED or equivalent is required to apply. If you are selected, you will be required to submit certified/sealed transcripts from your highest level of education (high school/GED or college).

*Please note, incomplete applications will not be considered.*

**Colerain Township**  
**Department of**  
**Fire and Emergency Medical Services**  
4160 Springdale Road – Cincinnati, Ohio 45251

- Individuals who are applying for the position of Firefighter will be required to pass a *Personal Performance Evaluation* (PPE), which consists of the following:

- Hose Carry
- Hose Hoist
- Keiser Machine
- Hose Drag (charged)
- Dummy Drag

- Candidates are required to complete the PPE in seven minutes or less. The test must be completed wearing a firefighter turnout coat, helmet, gloves, and a *self-contained breathing apparatus* (SCBA) air bottle/pack. You will NOT be required to complete the PPE donning air through a mask. If you have your own fire gear and wish to bring it to the evaluation, please do so. We will provide all candidates with gear prior to the exam if you do not have your own.

- Selected candidates will be scheduled for an interview and a general aptitude test.

- Applicants who qualify will be subject to a background and reference check, as well as a Certified Voice Stress Analysis (CVSA) and/or Lie Detector Test.

- Once you are selected to remain in the process, a medical physical will be conducted. Please do not obtain one in advance, as *fire service* physical exams are specific. Due to the physical demands of the fire service, all candidates will be screened for overall fitness and health. Candidates seeking employment with the fire department are expected to maintain the recommended weight and *Body Mass Index* (BMI) specific for that individual. You can calculate your BMI at the *Centers for Disease Control* (CDC) website below.

[https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)

**Colerain Township**  
**Department of**  
**Fire and Emergency Medical Services**  
4160 Springdale Road – Cincinnati, Ohio 45251

**Current Certifications**

Please check the highest level of your certification(s):

\_\_\_\_\_ Firefighter Level I – Cert. Number \_\_\_\_\_

\_\_\_\_\_ Firefighter Level II – Cert. Number \_\_\_\_\_

\_\_\_\_\_ EMT Basic – Cert. Number \_\_\_\_\_

\_\_\_\_\_ Paramedic – Cert. Number \_\_\_\_\_

Please indicate if you are any of the following:

Fire Instructor            –     YES            NO

EMS Instructor           –     YES            NO

FSI Instructor            –     YES            NO

CE Instructor            –     YES            NO

FSI Certified             –     YES            NO

Any Other Certifications?            YES            NO

If you circled *YES*, please indicate below, what certifications you have.

---

---

---

---

**Colerain Township**  
**Department of**  
**Fire and Emergency Medical Services**  
4160 Springdale Road – Cincinnati, Ohio 45251

**AUTHORITY TO RELEASE**

I hereby authorize any Police Officer or other authorize representative of Colerain Township Administration, bearing this release or copy thereof, within one (1) year of it's date, to obtain any information in your files pertaining to any criminal, employment, military, credit or educational records, including, but not limited to, academic, achievement, attendance, athletic personal history and disciplinary record, medical records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of Colerain Township Administration. Consent is granted for Colerain Township to finish such information as is described above, in third parties in the course of fulfilling its official responsibilities.

I hereby release you as a custodian or records such as academic, medical, credit, business or otherwise including its officers, employees or related personnel, both individually and collectively, from 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 to release as to validity of this release, you may contact me as indicated below.

**Full Name** \_\_\_\_\_ **SSN #** \_\_\_\_\_  
(Type or print)

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City, State, Zip)

**Primary Phone #** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_  
(If Required)

**Date Signed** \_\_\_\_\_

# Job Description for the Firefighter/Emergency Medical Technician (continued)

(Part-time)

I \_\_\_\_\_, have read the job description for the Colerain Township Department of Fire and Emergency Medical Services. I understand and agree to comply with the requirements to become a member of the department. I further understand that working in the capacity of a Firefighter, Emergency Medical Technician, or Paramedic is inherently dangerous and I can be exposed to various hazards including but not limited to, exposure to hazardous materials or chemicals, blood or other bodily fluid that can carry communicable pathogens, dangerous traffic conditions, and other dangers inherent of the job. I knowingly accept these risks and will take every precaution necessary, and adhere to all safety policies and procedures to conduct tasks in a safe and effective manner.

**Full Name** \_\_\_\_\_  
(Type or print)

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City, State, Zip)

**Primary Phone #** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

# Job Description for the Paramedic (continued)

(Part-time)

I \_\_\_\_\_, have read the job description for the Colerain Township Department of Fire and Emergency Medical Services. I understand and agree to comply with the requirements to become a member of the department. I further understand that working in the capacity of a Firefighter, Emergency Medical Technician, or Paramedic is inherently dangerous and I can be exposed to various hazards including but not limited to, exposure to hazardous materials or chemicals, blood or other bodily fluid that can carry communicable pathogens, dangerous traffic conditions, and other dangers inherent of the job. I knowingly accept these risks and will take every precaution necessary, and adhere to all safety policies and procedures to conduct tasks in a safe and effective manner.

**Full Name** \_\_\_\_\_  
(Type or print)

**Signature** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City, State, Zip)

**Primary Phone #** \_\_\_\_\_

**Date Signed** \_\_\_\_\_