

# Civil Service Commission

CITY OF MARION

Kim Frank, Chairman  
Rocky Ratliff, Vice Chairman  
Ted McKinniss, Member  
Jennifer Sidle, Secretary

233 W. Center Street  
Marion, Ohio 43302

## ENTRY-LEVEL FIREFIGHTER EXAMINATION

Notice is hereby given that the Civil Service Commission of Marion, Ohio will conduct a two-phase entrance examination for:

### FIRE DEPARTMENT - FIREFIGHTER

Applicants must be 18 years of age on or prior to **AUGUST 12, 2022**, but cannot have reached the age of 41.

**PHASE 1** - The **Written Examination** portion of the entrance process will be administered by the National Testing Network ("NTN") and must be completed **PRIOR TO MIDNIGHT AUGUST 12, 2022**. Applicants must complete the online registration for the entrance examination at <https://nationaltestingnetwork.com/>. Applicants will have the option to choose the date, time, and location they wish to take the examination. If an applicant has already taken the exam through NTN, included the Marion Fire Department as a choice of departments when they took the examination, and their examination date is no **earlier than AUGUST 12, 2021**, the applicant will have the option of using his/her prior score. **If the examination was prior to AUGUST 12, 2021**, the applicant will need to re-test with the NTN. The Personal History Questionnaire (PHQ) is also required to be completed during the examination signup process through the NTN. Passing is score of 70% or higher on all sections of the NTN exam, with an average score of all sections used as the attained raw score.

**PHASE 2**- The Physical Agility portion of the entrance process will also be administered by the NTN. Either the CPAT OR Firefighter Mile must be completed and scored on a pass/fail basis as determined by NTN **PRIOR TO MIDNIGHT AUGUST 12, 2022, BUT NOT BEFORE AUGUST 12, 2021**.

**IN ADDITION TO** the examinations with the NTN, the applicant **MUST** also submit a notarized application to the Human Resources Office for the City of Marion **PRIOR TO AUGUST 12, 2022**. Application forms may be secured beginning **TUESDAY, JULY 12, 2022 at 8:30AM** at Marion City Hall in the Human Resources Office, 233 West Center Street, Marion, Ohio 43302 OR the application packet can be downloaded from [www.marionohio.us](http://www.marionohio.us). If unable to personally deliver the application, the required paperwork may be emailed to [aoconnor@marionohio.org](mailto:aoconnor@marionohio.org) **PRIOR TO AUGUST 12, 2022**. Early submission is recommended as any tie scores are ranked based on the date and time the completed application has been received. We also recommend that you obtain a receipt or a confirming email that your application has been received. **ALL APPLICANTS MUST FURNISH A COPY OF THEIR BIRTH CERTIFICATE AND A COPY OF THEIR VALID DRIVER'S LICENSE WITH THE APPLICATION.**

**EXTRA CREDIT DOCUMENTS MUST ACCOMPANY THE APPLICATION AT THE TIME IT IS SUBMITTED.** IF CLAIMING MILITARY CREDIT, A COPY OF YOUR **DISCHARGE PAPERS (DD214)** **MUST** ACCOMPANY THE APPLICATION. IF CLAIMING CREDIT FOR PARAMEDIC TRAINING, A COPY OF YOUR **STATE OF OHIO PARAMEDIC CERTIFICATE** **MUST** ACCOMPANY THE APPLICATION. IF CLAIMING CREDIT FOR FIREFIGHTER TRAINING, A COPY OF YOUR **STATE OF OHIO 240-HOUR FIREFIGHTER CERTIFICATE** **MUST** ACCOMPANY THE APPLICATION. **NO EXCEPTIONS.**

**NO LATE SUBMISSION FOR APPLICATIONS OR DOCUMENTATION WILL BE CONSIDERED.**

Completed applications and attachments **MUST** be on file in the Human Resources Office **no later than AUGUST 12, 2022 at 2:00 P.M.** Applications are not considered complete until all documents (including extra credit documents) have been submitted.

#### Members:

Kim Frank Chairman  
Rocky Ratliff, Vice Chairman  
Ted McKinniss, Member  
Jennifer Sidle, Secretary

FIRE DEPARTMENT

APPLICATION FOR CIVIL SERVICE ENTRANCE EXAMINATION

AGE: 18 on or prior to date of exam, but cannot have reached the age of 41

ALL applicants MUST furnish a copy of a BIRTH CERTIFICATE with this application, together with a copy of a VALID DRIVER'S LICENSE. If claiming military credit, a copy of your DISCHARGE PAPERS (DD214) must accompany this application. If claiming credit for paramedic training, a copy of your STATE OF OHIO PARAMEDIC CERTIFICATE must accompany the application. If claiming credit for firefighter training, a copy of your STATE OF OHIO 240-HOUR FIREFIGHTER CERTIFICATE must accompany this application.

City Civil Service Commission, Marion, Ohio \_\_\_\_\_, 20\_\_\_\_\_

Name: \_\_\_\_\_
First Middle Last

Mailing Address: \_\_\_\_\_
Street City State Zip

PLEASE NOTE: NOTIFY THE COMMISSION OF ANY CHANGE OF ADDRESS.

Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

U.S. Citizen? YES [ ] NO [ ] Served in Armed Forces? YES [ ] NO [ ]
(If YES, Discharge Papers Required)

Ohio 240-hour Certified Firefighter? YES [ ] NO [ ] Ohio Certified Paramedic? YES [ ] NO [ ]
(If YES, copy of Current Certificate Required) (If YES, copy of Current Certificate Required)

Have you ever been arrested? YES [ ] NO [ ]
(If YES, give details below. If additional space is needed, please use the reverse side of this page.)

(ALL APPLICANTS WILL HAVE A POLICE BACKGROUND CHECK BEFORE APPOINTMENT.)

List Name and Address of three (3) references. Can they be contacted? YES [ ] NO [ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, solemnly swear that the above statements are true.

Signature of Applicant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

Filed with the Commission:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

By: \_\_\_\_\_(Please Initial)

Non-Tobacco Users Only



City of Marion  
Department of Public Safety  
233 West Center Street  
Marion, Ohio 43302-3643  
Telephone 740-387-2020

Application for Employment

Position: FIREFIGHTER

*If applying for **Fire Fighter**, you must be **18 year of age or older by test date.**  
If applying for **Police Officer**, you must be **21 years of age or older by test date.***

(PLEASE PRINT)

SECTION 1: General Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Home) (Work) (Cell)

How long have your resided here? \_\_\_\_\_ (years) \_\_\_\_\_ (months)

List all previous address:

Number/Street	City	State	From (mo./yr.)	To (mo./yr.)

**SECTION 2: Education and Training**

School	Name and Location of School	Course of Study	Graduate?	Degree
High School			Yes / No	
College			Yes / No	
Graduate School			Yes / No	
Vocational Training/ Other			Yes / No	

Other Training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3: Motor Vehicle Experience and License**

Driving experience in years \_\_\_\_\_

Miles driven in past three (3) years \_\_\_\_\_

Operator/Commercial Drivers License Number \_\_\_\_\_ State Issued: \_\_\_\_\_

List all motor vehicle accidents you have been involved in as a driver. Give the general location, date, and Police organization which investigated each accident.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: Court Information**

Have you ever been convicted of a Felony or a Misdemeanor? Yes No (circle one)

*If yes, list all convictions below, including traffic and bond forfeitures*

Date of Arrest	Place of Arrest	Offense	Fine/Sentence/Dismissal

**SECTION 5: Military Service**

Did you serve in the Armed Forces? Yes No (circle one)

*If yes, which Branch of the Service?* \_\_\_\_\_

*Date of Service (month/year to month/year)* \_\_\_\_\_ to \_\_\_\_\_

**SECTION 6: Work History**

Length of Employment (include dates)	Position/Title	Duties Performed	Name and Address of Employer

*If more space is needed for listing previous employment, please list on an additional sheet of paper (typed) and attach to the back of the application.*

**SECTION 7: Personal**

Please list the names of five (5) persons as references (other than relatives, former employers, or fellow employees)

Name	Address City, State, Zip Code	Occupation	Phone Number
			( ) -
			( ) -
			( ) -
			( ) -
			( ) -

Have you submitted a previous application for a position with the City of Marion? Yes No

*If yes, what position?* \_\_\_\_\_

Have you been previously employed by the City of Marion? Yes No

*If yes, in what capacity?* \_\_\_\_\_ *Dates* \_\_\_\_\_

Have you ever taken any kind of illegal drug (Drugs/Narcotics which are either classified as being illegal or Drugs/Narcotics which were not obtainable without a Doctor's prescription and were not prescribed for you)? Yes No

If you are currently married, is your spouse willing to be interviewed as to his/her feelings about your applying for this position? Yes No

**To the Applicant: Read this carefully before signing.**

I understand that the immigration reform and control act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am aware that the failure to provide such proof at the time of the request may legally force my termination. I understand nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the City of Marion for either employment or the provision or any benefits. I understand that no promise, representation or agreement contrary to the forgoing is binding on the City unless made in writing and signed by me and an authorized representative of the City. I understand, in addition to the Civil Service examination, I may be required to submit to a polygraph examination, a drug screening, and a psychological assessment as part of this application process.

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

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

**Application will not be accepted if this oath is omitted. You must personally appear before an authorized Notary for this purpose.**

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief and that said answers are in my own handwriting. I hereby waive all provisions of the law forbidding my physician or other person who have attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, or any other person(s) who may have information which may be deemed important for the purpose of a background investigation, and I hereby consent that they may disclose such knowledge or information to the City of Marion/Division of Police.

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

Subscribed and duly sworn before me according to the law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

Signature of Notary \_\_\_\_\_

Date of Expiration \_\_\_\_\_

## Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

### Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement - Source _____ |   | <input type="checkbox"/> Other                     |

Name of person who referred you (if applicable) \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code Phone

Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> White                           | <input type="checkbox"/> African American       | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |                                   |

### Special Notice

#### To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975)  Disabled Veteran  Individual with a disability

To the Applicant:

I understand that the City of Marion has a non-tobacco use policy and any new hire must be tobacco free. I am also aware that as part of my pre-employment physical and drug/alcohol screening, I can be tested for tobacco and if it comes back positive, my conditional offer can be revoked.

AND

I understand that the City of Marion has a residency clause for the Firefighter position and anyone hired as a Firefighter must reside in Marion County or an adjoining county. If I am hired and live outside of the above mentioned area, I will meet with the Safety Director to discuss a timeframe to move.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_