

Liberty Township Civil Service Commission
Liberty Governmental Center
1315 Churchill Hubbard Road
Youngstown, OH 44505
(330) 759-1315

Commissioners:

Mr. Daniel P. Thomas (330) 759-1779
Mrs. Deborah Grinstein (330) 759-3529
Ms. Olga Kragel (330) 759-2611

Secretary:

Shirley Turney
(330) 360-4276

**THE CIVIL SERVICE COMMISSION OF LIBERTY TOWNSHIP
ANNOUNCES
AN OPEN COMPETITIVE RECRUITMENT EXAMINATION FOR
FIREFIGHTER/PARAMEDIC**

APPLICATIONS: Applications for this examination will be accepted beginning Thursday, August 27, and ending Saturday, August 29, 2020. Applications must be **FILED IN PERSON** at the Liberty Township Governmental Center

FILING HOURS

Mask is required

6:00 P.M. – 7:00 P.M. Thursday, August 27, 2020

6:00 P.M. – 7:00 P.M. Friday, August 28, 2020

and

9:00 A.M. – 10:00 A.M. Saturday, August 29, 2020

**EXAMINATION
DATES, TIMES
AND LOCATIONS:**

Written examination will be held on September 1, 2020 at 6:00 PM at Liberty Township Governmental Center. **Mask is required.**

As and for the physical agility portion of the examination, no person shall be on the certified eligibility list for the entrance level Firefighter/Paramedic position within the Fire Department unless that person is the holder of a certified Firefighter Physical Agility Test. Applicant is responsible for the cost of the test. Applicant **MUST** submit a certified Candidate Physical Agility Test dated within a year. For information on the International Association of Firefighters endorsed Firefighter Physical Agility Test go to website: www.tri=c.com

All applicants must register one half hour prior to testing time.

THE POSITION:

The Liberty Township Fire Department wants able, ambitious personnel who desire a worthwhile career in the professional firefighting/paramedic field. Based on the opportunity to serve the public, a firefighter/paramedic career consists of duties involving preservation of general health, safety and welfare of citizens and property. After receiving thorough training, a firefighter/paramedic performs a variety of specific assignments. Fringe benefits include paid vacation, sick leave and paid medical insurance, etc. Promotions to higher ranks are made by competitive examinations from within the department.

AGE:

Applicants must be 18 years of age but not have reached their 32nd birthday. Applicants will be dropped from the eligibility list when they reach their 32nd birthday.

BONUS POINTS:



Applicants seeking bonus points for military service must have served at least one (1) year continuous active duty in the Armed Forces of the United States and have been honorably discharged or transferred to the Reserves. A **COPY** of Form DD214 or similar proof, acceptable to the Commission must be submitted at the time the application is filed in order to receive the bonus points of twenty (20%) of passing grade which is seventy percent (70%). Maximum percentage awarded is twenty percent (20%) of passing grade.



Applicants seeking bonus points for education must have attended a college, university, junior or community college accredited by the North Central Association of Colleges and Secondary Schools.

Bonus points of five percent (5%) of passing grade for each forty five (45) quarter hours or thirty (30) semester hours will be awarded. A **COPY** of transcript or registration showing hours accumulated must be submitted at time of filing to receive bonus points. A copy of your diploma is sufficient for proof of graduation. Maximum percentage awarded is twenty percent (20%) of passing grade.



Applicants who have completed and received certification as a paramedic will receive bonus points of ten percent (10%) of passing grade. A **COPY** of your Paramedic card must be submitted at time of filing application to receive bonus points. Applicants who completed 240 hours of firefighter training and received an Ohio Firefighter certificate will receive bonus points of ten percent (10%) of passing grade. A **COPY** of the original certificate must be submitted at time of filing application. Applicants who have received Basic Emergency Medical Technician certification (EMT) will receive bonus points of five percent (5%) of passing grade. A **COPY** of certification must be submitted at time of filing application to receive bonus points.



Applicants who have been employed for at least one (1) year as a firefighter for any federal, state, county or political subdivision shall receive bonus points of five percent (5%) of passing grade. A **LETTER** from the Fire Chief stating your hire date must be submitted at time of filing.

NO applicant shall receive more than twenty percent (20%) of their passing grade in bonus points for all of the above. Proof of all bonus points must be submitted at the **TIME OF FILING**. **Bonus points are added to an attained passing score of seventy percent (70%) only.**

OTHER:



Applicants must possess upon appointment a valid State of Ohio Driver's License. Applicant must attach one (1) recent photograph of oneself approximately 2" x 2" (or a **copy of your driver's license**) for identification purposes. Photograph will not be returned.

Applicants must pay ten dollars (\$10) at the **TIME OF FILING** application. Payment may be cash or money order made payable to the Liberty Township Civil Service Commission.

Successful candidates will have their name placed on an eligibility list from which appointments are made. Prior to appointment the candidate must pass a comprehensive medical evaluation. This list is active for a period of two (2) years from date posted.

**CIVIL SERVICE COMMISSION
APPLICATION FOR EXAMINATION
LIBERTY TOWNSHIP OHIO**

HOW TO FILE APPLICATION:

This application must be filled out completely on both sides and filed **IN PERSON** with the Liberty Township Civil Service Commission. **All applicants must submit required proof of bonus points at time of filing to receive credit.**

PRINT NAME:

LAST FIRST MIDDLE

ADDRESS:

NUMBER & STREET CITY STATE / ZIP CODE

Telephone Number

2nd Telephone (optional)

PERSONAL	TITLE OF EXAMINATION OR JOB	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
	Police Officer <input type="checkbox"/>	Month / Day / Year	_____ - _____ - _____		
	Firefighter <input type="checkbox"/>	ARE YOU A U.S. CITIZEN?	AGE	WEIGHT	HEIGHT
		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____		

EDUCATION	TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	LAST YEAR ATTENDED					GRADUATE? GIVE DEGREE
	High School			1	2	3	4	
	College			1	2	3	4	
	Graduate School			1	2	3	4	
	Business School			1	2	3	4	
	COLLEGE CREDIT HOURS COMPLETED	COLLEGE MAJOR/MINOR(S)		SEMESTER or QUARTER				<input type="checkbox"/> <input type="checkbox"/>

MILITARY	HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES IN THE UNITED STATES OR A FOREIGN COUNTRY?				
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	BRANCH OF SERVICE _____		DATE OF ENTRY _____		DATE OF DISCHARGE _____
	RANK AT ENTRY _____		RANK AT DISCHARGE _____		TYPE OF DISCHARGE _____
	MOS _____				
	LIST ANY DISCIPLINARY ACTIONS (ARTICLES 15'S, COURT MARTIALS, NIP'S, CAPTAIN'S MAST, ETC....)				
DATE	COMMAND	LOCATION	NATURE OF CHARGE	DISPOSITION/PUNISHMENT	

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LEGAL HISTORY	AS AN ADULT OR JUVENILE, HAVE YOU EVER? CHECK – YES OR NO		
		Yes	No
	Been arrested, charged or indicted with any criminal offense		
	Been convicted of any criminal charge, whether felony or misdemeanor		
	Been required to furnish bail or bond for an appearance in any court		
	Had your license suspended or revoked		
	IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:		
	DATE	CHARGE/VIOLATION	CITY, STATE

EMPLOYMENT RECORD	LIST BELOW THE NAME OF YOUR PRESENT EMPLOYER AND THEN NAMES OF YOUR FORMER EMPLOYERS STARTING WITH THE MOST RECENT A: Name of Employer B: Address of Employer	TIME EMPLOYED From To Mo/Yr Mo/Yr	POSITION AND NATURE OF WORK	SALARY AT LEAVING	REASON FOR LEAVING
	A.				
	B.				
	A.				
	B.				
	A.				
	B.				
	A.				
	B.				

REFERENCES	LIST THREE (3) PERSONS OR BUSINESS REFERENCES, NOT RELATED TO YOU			
	NAME	ADDRESS	PHONE NUMBER	OCCUPATION
	1.			
	2.			
	3.			

CONTACT	IN CASE OF EMERGENCY NOTIFY:	
	NAME:	RELATIONSHIP:
	ADDRESS:	PHONE NUMBER:

This application must be signed in the presence of a Commission member at the time of filing.
CERTIFICATE OF APPLICATION: I HEREBY CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND AGREE AND UNDERSTAND ANY MISSTATEMENT OF MATERIAL FACT CONTAINED IN THIS APPLICATION MAY CAUSE FORFEITURE OF ALL RIGHTS TO EMPLOYMENT WITH LIBERTY TOWNSHIP, OHIO.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____

Time: _____ Date _____ File #: _____ Date Stamp _____

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