



Questionnaire

Firefighter/EMT-Paramedic (FT)

Name _____ Day Phone _____ Home Phone _____

Completed application, questionnaire, resume and cover letter are **due back by 4:00 p.m., Thursday, July 12, 2018.**

*Your answers to the following questions are an **IMPORTANT** source of information that will be used to help select a group of finalists. Answer **ALL** relevant questions, even if your answers duplicate what you have included in your application, resume or questionnaire. Be specific and thorough. You may continue your answers on another sheet of paper.*

1. Ohio Firefighter Level II? _____ No _____ Yes ***(Attach proof of certification)***
If no, what is anticipated certification date: _____
2. Ohio Paramedic certification? _____ No _____ Yes ***(Attach proof of certification)***
If no, what is anticipated certification date: _____
3. Fire Safety Inspector? _____ No _____ Yes ***(Attach proof of certification)***
If no, what is anticipated certification date: _____
4. Hazardous Materials Operation level? _____ No _____ Yes ***(Attach proof of certification)***
If no, what is anticipated certification date: _____
5. Advanced Cardiac Life Support Provider? _____ No _____ Yes ***(Attach proof of certification)***
If no, what is anticipated certification date: _____
6. American Heart CPR or equivalent? _____ No _____ Yes ***(Attach proof of certification)***
7. ICS-100 National Incident Management System (NIMS)? _____ No _____ Yes ***(Attach proof of certification)***
8. ICS-700 National Incident Management System (NIMS)? _____ No _____ Yes ***(Attach proof of certification)***
9. Greater Miami Valley EMS Council protocol testing? _____ No _____ Yes ***(Attach proof of certification)***
10. Valid driver license and are you insurable? _____ No _____ Yes



11. Candidate Physical Ability Test (CPAT) certificate or Kettering Sports Medicine physical test. Must be dated one year or newer at the time of the second interview. *(Attach proof of certification)*

No Yes CPAT Kettering Sports Medicine Date taken: _____

12. Do you have a college degree? *(Attach proof of certification)*

Associate's degree(s) Major: _____

Bachelor's degree(s) Major: _____

13. Do you have a certification or training in any of the following areas? Check each area that applies. *(Attach proof of certification)*

- Ohio Fire Instructor Fire Investigation
- Ohio EMS Instructor Ohio CPR Instructor
- Washington Township Driver/Operator Washington Township Squad Leader

14. Please name the fire department(s) where you have worked as a firefighter (e.g., Full-Time Firefighter, Part-Time Firefighter, Volunteer Firefighter) Please include start and end dates for each position held at a department.

<u>Name of Department</u>	<u>Position/Title</u> <i>Full-Time, Part-Time, Volunteer</i>	<u>Dates of Service</u> <i>Start and End Dates - Month(s) and Year(s)</i>



15. Have you ever had any disciplinary at any position you have held? If yes, please list the employer, type, and dates of discipline. **Please be specific** (e.g., Washington Township, Written Warning, 5/25/15 for Tardiness and City of Anywhere, Suspension 5/17/16 for three 24 hour shifts and it was for four tardiness).

Name of Department

Type of Discipline

Reason for Discipline

Oral, Written, Suspension (list # of days) and Terminated

Month(s) and Year(s)

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