

Radnor Fire Company Employment Announcement
Full Time & Part-Time Firefighter/Paramedic Position

08/16/2017

Requisition #: 08162017-2
Title: Full-Time & Part-Time Firefighter/Paramedic
Location: Radnor Fire Company

Description:

The Firefighter/Paramedic responds to fire, rescue, and EMS incidents. Performs emergency patient care, inventory control, maintenance of fire/EMS equipment, vehicles and fire station.

Requirements:

- 1) Possess a High School Diploma (Associates degree or higher preferred).
- 2) 2 years experience as primary care provider in 9-1-1 EMS setting.
- 3) 2 years experience driving ambulances and fire apparatus in 9-1-1 setting.

Minimum Qualifications:

Firefighter/Paramedic

- 1) Current Pennsylvania Department of Health certification as an Emergency Medical Technician (EMT-P).
- 2) Current Health Care Provider Cardio Pulmonary Resuscitation (CPR)/Automatic External Defibrillator (AED).
- 3) Current American Heart Association Advanced Cardiac Life Support card (ACLS).
- 4) Current American Heart Association Pediatric Advanced Life Support card (PALS).
- 5) Current Commonwealth of Pennsylvania Driver's License (Class C).
- 6) Emergency Vehicle Operator Course (EVOC) / EMSVO.
- 7) FEMA National Incident Management System (NIMS) 100, 200, 700 and 800.
- 8) Current Hazardous Materials Operations (NFPA 472).
- 9) Pre-Hospital or International Trauma Life Support (PHTLS or ITLS) – *Preferred*.
- 10) Firefighter I
- 11) Firefighter II
- 12) PA DOH or NFPA Vehicle Rescue Technician
- 13) Pump Operations
- 14) Aerial Operations

Computer Skills:

Basic skill to use a personal computer and complete patient care reports.

Position Type:

Full-time / Part-time - Non-Exempt

Salary Information:

FT FF/MEDIC - \$21.88 per hour

* 12 month probationary period / Comprehensive benefits package available.

PT FF/MEDIC - \$25.00 per hour

* 12 month probationary period

Shift:

12 hour rotating shifts.

Deadline:

Wednesday, September 6, 2017 at 11:59 p.m.

*****SUBMISSION INSTRUCTIONS*****

Required Documentation

- ~ Cover Letter
- ~ Resume
- ~ Application

Mail, Email or Hand Delivery Accepted

Radnor Fire Company
121 South Wayne Avenue
P.O. Box 31
Wayne, PA 19087
Attn: Administrative Director
Email: admin@radnorfire.com

RADNOR FIRE COMPANY

121 SOUTH WAYNE AVENUE
P.O. BOX 31
WAYNE, PENNSYLVANIA 19087
610.687.3245



APPLICATION FOR EMPLOYMENT

Type of Employment Applying For:

Full-Time Firefighter/Paramedic

Full-Time Paramedic

Full-Time Firefighter/EMT

Part-Time Firefighter/Paramedic

Part-Time Paramedic

Part-Time Firefighter/EMT

CERTIFICATIONS

CHECK ALL THAT APPLY; USE THE BACK OF THIS PAGE TO LIST ANY FIRE CERTIFICATIONS AND ADDITIONAL SCHOOLS OR COURSES ATTENDED (PLEASE ATTACH PHOTOCOPIES OF CERTIFICATIONS).

- 1. CPR EXPIRATION DATE: _____
- 2. FIRST RESPONDER EXPIRATION DATE: _____
- 3. EMERGENCY RESPONDER EXPIRATION DATE: _____
- 4. ADVANCED FIRST AID EXPIRATION DATE: _____
- 5. EMT-BASIC #: _____ EXPIRATION DATE: _____
- 6. OTHER (PLEASE SPECIFY) _____

EXPERIENCE

PLEASE INDICATE ANY RELEVANT EMERGENCY SERVICE OR OTHER EXPERIENCE.

NAME & LOCATION OF DEPARTMENT: _____

POSITION AND/OR RANK HELD: _____

DATES SERVED: _____ - _____

REASON FOR LEAVING: _____

OFFICER IN CHARGE: _____

PHONE: () _____ - _____ MAY WE CONTACT THIS PERSON? _____

EDUCATION/EMPLOYMENT

PLEASE ENTER MOST RECENT EMPLOYMENT/EDUCATION THAT WE MAY REFERENCE.

SCHOOL: _____

ADDRESS: _____

DEGREE: _____ YEARS ATTENDED: _____

EMPLOYER: _____

ADDRESS: _____

TITLE: _____ YEARS EMPLOYED: _____

SUPERVISOR: _____ PHONE: () _____ - _____

PERSONAL REFERENCES

PLEASE USE THE BACK OF THIS SHEET IF YOU WISH TO PROVIDE ADDITIONAL REFERENCES.

NO RELATIVES, PLEASE

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
PHONE: H (____) _____ - _____ PHONE: H (____) _____ - _____
PHONE: W (____) _____ - _____ PHONE: W (____) _____ - _____

CERTIFICATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, IN THE PAST TEN YEARS, WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? _____ IF YES, PLEASE DESCRIBE IN FULL ON REVERSE SIDE.

REPRESENTATIVE TASKS THAT A FIRE OR AMBULANCE CREW PERSON MAY, AT ANY TIME, BE REQUIRED TO DO:

1. LIFT, WITH A PARTNER, PATIENTS WEIGHING 200 POUNDS OR MORE.
2. LIFT OR DRAG FALLEN PATIENTS AND/OR REMOVE THEM FROM HAZARDOUS AREAS.
3. BE SUBJECT TO SEVERE EMOTIONAL SHOCK.
4. EXHIBIT ENDURANCE AT LONG FIRES OR OTHER DISASTERS IN CONDITIONS OF EXTREME HEAT OR COLD.
5. BE SUBJECT TO PERIODS OF HIGH STRESS FOR EXTENDED PERIODS OF TIME.
6. RESPOND TO CALLS IN THE MIDDLE OF THE NIGHT.
7. WORK IN HAZARDOUS ENVIRONMENTS AND UNDER HAZARDOUS CONDITIONS.

BASED ON THE REPRESENTATIVE LIST, DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION(S), WHICH MAY LIMIT YOUR ABILITY TO PERFORM THIS JOB? _____ IF YES, PLEASE DESCRIBE SUCH CONDITION AND EXPLAIN HOW YOU CAN SAFELY & RELIABLY PERFORM IN SPITE OF SUCH CONDITION ON REVERSE SIDE.

I CERTIFY THAT INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE SUFFICIENT GROUNDS FOR DISMISSAL. I ALSO KNOWINGLY AND WILLINGLY PERMIT THE RADNOR FIRE COMPANY REVIEW BOARD TO INVESTIGATE ANY AND ALL OF THE INFORMATION I HAVE SUBMITTED.

SIGNED: _____ DATE: _____
APPLICANT

RADNOR FIRE COMPANY

PERSONAL HEALTH HISTORY FORM – CONFIDENTIAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DOB: _____

DATE OF MEMBERSHIP: _____

DATE OF BLOODBORNE PATHOGEN TRAINING: _____ INITIALS OF TRAINER: _____

COMMUNICABLE DISEASE HISTORY – CONFIDENTIAL INFORMATION

DISEASE	DATE OF ILLNESS	DISEASE	DATE OF ILLNESS	TYPE
MEASLES (RUBEOLA)	_____	TUBERCULOSIS	_____	_____
MEASLES (RUBELLA)	_____	MENINGITIS	_____	_____
MUMPS	_____	MALARIA	_____	_____
CHICKENPOX	_____	HEPATITIS	_____	_____
HIV INFECTION	_____			

IMMUNIZATION RECORDS – CONFIDENTIAL INFORMATION

TYPE	DATE	TYPE	DATE
HEPATITIS B VACCINE SERIES	_____	TB SKIN TESTING	_____
ANTIBODY TIDER RESULT	_____	INFLUENZA VACCINE	_____
MEASLES, MUMPS, RUBELLA	_____	CHICKENPOX VACCINE	_____
BOOSTER	_____	TETANUS / DIPHTHERIA	_____

OFFICIAL USE ONLY

DATE RECEIVED: _____ DATE OF DISMISSAL/RESIGNATION: _____

ALL RECORDS LISTED ON THIS FORM ARE CONFIDENTIAL IN NATURE AND ARE ONLY TO BE USED BY THE DESIGNATED OFFICER IN THE CASE THAT THE INDIVIDUAL NAMED ABOVE HAS AN EXPOSURE TO A BLOODBORNE OR AIRBORNE PATHOGEN. (OSHA 1910.1020)

RADNOR FIRE COMPANY

PENNSYLVANIA STATE LAW – ARSON NON-CONVENTION

ACT 168 OF 2006 AMENDED TITLE 18 (CRIMES AND OFFENSES) OF THE PENNSYLVANIA CONSOLIDATED STATUTES, SECTION 2, SUBSECTION (H) (1) ARSON AND RELATED OFFENSES READS:

“A PERSON CONVICTED OF VIOLATING THIS OFFENSE OR ANY SIMILAR OFFENSE UNDER FEDERAL OR STATE LAW SHALL BE PROHIBITED FROM SERVING AS A FIREFIGHTER IN THIS COMMONWEALTH AND SHALL BE PROHIBITED FROM BEING CERTIFIED AS A FIREFIGHTER UNDER SECTION 4 OF THE ACT OF NOVEMBER 13, 1995 (P.L. 604, NO. 61), KNOWN AS THE STATE FIRE COMMISSIONER ACT.”

ALL INDIVIDUALS APPLYING FOR **EMPLOYMENT** MUST PROVIDE NECESSARY INFORMATION FOR BACKGROUND CHECK. PROOF ON NON-CONVICTION MUST CONSIST OF EITHER OF THE FOLLOWING:

1. AN OFFICIAL CRIMINAL HISTORY RECORD CHECK OBTAINED PURSUANT TO CHAPTER 91 (RELATING TO CRIMINAL HISTORY RECORD INFORMATION) INDICATING NO ARSON CONVICTIONS.

OR

2. BY DATING AND SIGNING OF THE FOLLOWING STATEMENT BY THE PERSON SWEARING TO THE FOLLOWING:

“I HAVE NEVER BEEN CONVICTED OF AN OFFENSE THAT CONSTITUTES THE CRIME OF “ARSON AND RELATED OFFENSES” UNDER 18 PA. C.S. 3301 OR ANY SIMILAR OFFENSE UNDER ANY FEDERAL OR STATE LAW. I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN, I AM SUBJECT TO PENALTIES PRESCRIBED BY LAW, INCLUDING, BUT NOT LIMITED TO, A FINE OF AT LEAST \$1,000.00.”

SIGNATURE OF APPLICANT

DATE

RADNOR FIRE COMPANY

DISCLOSURE AND RELEASE

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH THE RADNOR FIRE COMPANY;

I UNDERSTAND THAT CONSUMER REPORTS, WHICH MAY CONTAIN PUBLIC RECORD INFORMATION, MAY BE REQUESTED AND OBTAINED. THESE REPORTS MAY INCLUDE INFORMATION RELATED TO MY PREVIOUS DRIVING RECORD, INCLUDING COURT ACTIONS, CITATIONS, LICENSE SUSPENSIONS AND REVOCATIONS.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I HAVE THE RIGHT TO OBTAIN INFORMATION AS TO THE NAME, ADDRESS, AND PHONE NUMBER OF ANY AGENCY PROVIDING SUCH INFORMATION AND FURTHER, MAY REQUEST OF THAT AGENCY, UPON PROPER IDENTIFICATION, THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST, INCLUDING ALL SOURCES OF INFORMATION AS WELL AS THE RECIPIENTS OF ANY REPORTS ON ME WHICH THAT AGENCY HAS PREVIOUSLY FURNISHED WITHIN THE TWO (2) YEAR PERIOD PRECEDING MY REQUEST.

THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR THE ORGANIZATION NAMED ABOVE TO PROCURE MOTOR VEHICLE REPORTS AT ANY TIME DURING MY EMPLOYMENT.

SIGNATURE

DATE

PRINT NAME

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

ISSUING STATE