



MONCLOVA TOWNSHIP FIRE / RESCUE

4395 Albon Road Monclova, Ohio 43542

Office: 419-865-9423 Fax: 419-865-8481

www.monclovatwp.org

Fire Chief

Assistant Fire Chief

Matthew Homik

PART-TIME FIREFIGHTER/EMT/ADVANCED/PARAMEDIC

Monclova Township Fire Department is currently accepting applications for the position of part-time Firefighter/EMT, Firefighter/Advanced, and Firefighter/Paramedic.

Department Overview

Monclova Township is located in Northwest Ohio in Lucas County and has a population of 14,827 responding to approximately 22 square miles. Monclova Township Fire Department is a progressive combination fire department that focuses on safety, training, professional development, and customer service. The fire department has 12 full-time career firefighters and 38 part-time firefighters. We operate 2 ALS Medic Units, 2 ALS Engines, 1 Aerial, 1 Brush Truck, and 1 Rescue Boat. 2022 calls for service totaled 1864 Fire/EMS Incidents.

Salary Information

Starting Part Time Wage \$17.39

- Firefighter I/EMT Basic: \$18.11 after probation
- Firefighter I/EMT Advanced: \$19.40 after probation
- Firefighter I/Paramedic: \$20.70 after probation

Benefit Information

- Wage Incentives for Firefighter II, Fire Safety Inspector, and Fire/EMS Instructor
- Part Time personnel can earn up to 24 hours of paid sick leave
- Part Time personnel working regular shifts can earn up to 24 hours of paid vacation time
- Double Time for actual work on most holidays
- Time trading policy
- Paid Training and Continuing Education
- Mix of commercial, residential, and rural service area
- Uniform allowance
- Employee Assistance Program

SMOKE DETECTORS SAVE LIVES



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JOB REQUIREMENTS

Age: minimum of 18 years of age at the time of hiring

High School Grad/GED: required at the time of hiring

Valid Ohio Driver's License: required and applicant must be eligible for coverage by the Township's vehicle insurance provider

Valid Ohio Fire Certification: minimum of State of Ohio Firefighter I

Valid Ohio EMS Certification: Basic EMT, Advanced EMT, or Paramedic

HIRING PROCESS

- Applicants must complete a Monclova Township Fire Department Application
 - Applications are available from the Township Administration Offices at 4335 Albon Road, Monclova, OH 43542 or by contacting the Fire Department at 419-865-9423.
- Applicants must submit a current resume along with the completed application
- Applicants must successfully complete the Monclova Township Fire Department Physical Agility Test or possess a Firefighter Mile certificate (valid within 1 year of the application date)
- Applicants must pass pre-employment BCI/FBI and background checks
- Applicants will be interviewed by an interview panel of fire department officers
- Applicants must pass pre-employment medical physical and drug screening

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER