



# CITY OF GROTON

295 MERIDIAN STREET  
GROTON, CT 06340



## FIRE DEPARTMENT

## FIREFIGHTER/EMT APPLICATION PACKET

### **Human Resources Department**

Linda J. Avedisian, Director of HR (860) 449-5500

Zamuhua Moreno-Boyle, HR Generalist (860) 449-5502

Johanny Thomas, HR Associate (860) 449-5503

Fax (860) 449-5501

## **APPLICATION PACKAGE INCLUDES**

- \* Job Overview
- \* List of Required Qualifications
- \* List of Preferred Qualifications
- \* Position Description
- \* City of Groton Application for Employment
- \* Authorization for Release of Information
- \* Documentation Checklist





**CITY OF GROTON  
HUMAN RESOURCES DEPARTMENT  
295 MERIDIAN STREET  
GROTON, CT 06340  
(860) 449-5500 PHONE  
(860) 449-5501 FAX**

September 24, 2020

The City of Groton is seeking to hire a qualified candidate for the Firefighter/EMT position.

**STARTING ANNUAL SALARY:** \$50,501.34 plus full benefit package.

**CLOSING DATE:** Applications must be received by 4:00 pm, Friday, October 16, 2020.

**MINIMUM REQUIREMENTS:** Upon date of application candidate must be a U.S. citizen, non-smoker, at least 18 years old, and possess the following:

- High School diploma or GED
- Valid Connecticut Driver's License with "Q" endorsement or CDL Class B
- Current EMT Certification (Connecticut or National Registry)
- Firefighter I
- Candidate Physical Abilities Test Card (CPAT) earned no earlier than May 1, 2019 or by time of appointment offer

Firefighter I certificate shall be from the Connecticut Commission on Fire Prevention and Control or accredited by the Pro Board Fire Service Professional Qualifications System or the Fire Service Accreditation Congress.

**PREFERRED QUALIFICATIONS:** Preferred assets, training and qualifications include but are not limited to:

- Career fulltime firefighting experience
- Hazardous Materials Operational
- NIMS 700
- Firefighter II Certified
- VMR or Rescue Technician Vehicle I or II Certified
- Rescue Core Certified
- Pump Operator Certified
- Aerial Operator Certified
- Fire Officer I Certified
- Fire Instructor I Certified
- Graduate of the Connecticut Fire Academy Recruit Class
- Associate's Degree
- Bachelor's Degree
- Connecticut Safe Boating Certificate
- Current EMSI (State of CT or National Registry)
- Military Form DD214, Honorable Discharge from Active Duty

All firefighting and rescue related certifications shall be from the Connecticut Commission on Fire Prevention and Control or accredited by the Pro Board Fire Service Professional Qualifications System or the Fire Service Accreditation Congress.

**SELECTION PROCESS:** Candidates shall submit an application, resume and documentation highlighting their personal assets, training and qualifications which shall be graded based on the description provided in the Job Overview and Preferred Assets, Training and Qualifications List. Candidates that meet the minimum requirements shall be placed on a ranked candidate list determined by 30% based on the application, resume, personal assets, training and qualifications and 70% based on the oral interview before a panel of fire service professionals.

A pre-employment physical examination, drug screen, lifting evaluation, psychological examination, background investigation and reference check are required in order to complete the hiring process.

**APPLICATION:** The Firefighter/EMT Application Packet must be downloaded from the following website: <http://cityofgroton.com/government-services/job-dashboard/> and be accompanied by copies of the required certifications when returned to the HR Office. Incomplete applications will be disqualified.

Once you have completed your application in its entirety, please use one of the options below to return your application to us:

- Mail directly to the HR Department at the address below\*\*  
\*\*Mailing address:  
**City of Groton**  
**Attention: Human Resources Department**  
**295 Meridian Street**  
**Groton, CT 064340-4012**
- Fax it to 860-449-5501
- Drop in the City's Blue Drop Box; this will be checked every day –please label envelope: HR DEPARTMENT FIREFIGHTER/EMT

**MUST BE RECEIVED BY 4PM, FRIDAY, OCTOBER 16, 2020**

*This drop box is located in front of the building at the top of the stairs in front of the main doors to the far right.*



If you have questions concerning the application packet, please e-mail our office at [HR@cityofgroton-ct.gov](mailto:HR@cityofgroton-ct.gov).



**CITY OF GROTON  
FIRE FIGHTER  
POSITION DESCRIPTION**



**Position Title:** Fire Fighter  
**Department:** Fire  
**Reports To:** Fire Captain  
**Contract:** International Association of Firefighters, Local 1964  
**FLSA Status:** Non-Exempt  
**Approved By:** International Association of Firefighters, Local 1964/Mayor and Council  
**Approval Date:** May 9, 2007

**SUMMARY**

The Fire Fighter, under the general supervision of the Fire Captain, is responsible to protect life and property by performing firefighting, emergency aid, hazardous materials, and fire prevention duties. The Fire Fighter maintains fire equipment, apparatus, and facilities.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

1. Performs firefighting activities including driving fire apparatus, operating pumps and related equipment, laying hose, and performing fire combat, containment and extinguishment tasks.
2. Performs emergency aid activities including administering first aid and providing other assistance as required.
3. Participates in fire drills, attends classes in firefighting, emergency medical, hazardous materials and related subjects.
4. Receives and relays fire calls and alarms. Operates radio and other communication equipment.
5. Maintains fire equipment, apparatus and facilities. Performs minor repairs to departmental equipment.
6. Performs general maintenance work in the upkeep of fire facilities and equipment; cleans and washes walls and floors; cares for grounds around station; makes minor repairs; washes, hangs and dries hose; washes, cleans, polishes, maintains and tests apparatus and equipment.
7. Presents programs to the community on safety, medical and fire prevention topics.
8. Performs duties as a certified EMT-B according to criteria and standards set forth by the Fire Department.
9. Performs all other related duties as may be assigned.

## **PERIPHERAL DUTIES**

Assists in supervising other firefighters as required.

Assists in training new employees as assigned.

## **EDUCATION AND EXPERIENCE**

Graduate from high school or state or military service equivalency diploma.

Required: Must at all times be a Certified Connecticut Fire Fighter I and currently Certified Connecticut Emergency Medical Technician (EMT), and must maintain aforesaid certifications at all times.

May be required to obtain and maintain EMT-B with Medical Control Authorization for Defibrillation Certification.

## **NECESSARY KNOWLEDGE, SKILLS AND ABILITIES**

Must become familiar with firefighting strategies and tactics, sprinkler and fire alarm systems within one year of hire.

Must learn the street system and physical layout of the City of Groton, West Pleasant Valley Fire District or any other territory serviced by the Department.

Working knowledge of driver safety.

Working knowledge of first aid.

Ability to learn the operation of fire suppression and other emergency equipment.

Ability to learn to apply standard firefighting, emergency aid, hazardous materials, and fire prevention techniques.

Ability to perform strenuous or peak physical activities during emergency, training or station maintenance activities for prolonged periods of time under conditions of extreme heights, intense heat, cold or smoke.

Ability to act effectively in emergency and stressful situations.

Ability to follow verbal and written instructions.

Ability to effectively communicate in writing and verbally.

Ability to establish and maintain effective working relationships with employees, other agencies and the general public.

Ability to make independent judgment which has considerable impact on the organization.

### **SUPERVISION RECEIVED**

Works under the general supervision of the Fire Captain.

### **RESPONSIBILITY FOR PUBLIC CONTACT**

Frequent contact requiring courtesy, discretion, and sound judgment.

### **LICENSING AND CERTIFICATION**

Required: Must obtain and possess a valid State of Connecticut Commercial Driver License (CDL) Class B or valid Driver's License with Q endorsement by the time of job offer is made.

Required: Must also possess a valid Candidate Physical Abilities Test Card (CPAT) earned within twelve months prior to job offer.

A physical examination, drug screen, lifting evaluation, psychological examination, background check and reference check are required in order to complete the hiring process.

### **TOOLS AND EQUIPMENT USED**

Personal computer; calculator; copy machine; fax machine; telephone; measuring devices; camera; power tools; hand tools; chain saws; shovels; brooms; ladders; exhaust fans; automobile; fire truck; first aid equipment; oxygen; general medical equipment; patient lifting devices; breathing apparatus; steel-tip boots; hearing and eye protection; firefighting clothing and hazardous chemical clothing.

### **PHYSICAL DEMANDS**

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to stand; walk; use hands and fingers to feel, handle or operate objects, tools or controls; and reach with hands and arms. The employee is occasionally required to sit, climb, balance, stoop, kneel, crouch, crawl, talk, hear, taste and smell. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. The aforesaid vision requirements can be satisfied with appropriate medically prescribed glasses/lenses when applicable. **(\*Note: Individuals hired prior to January 1, 1998 are not required to meet Department color vision standards).**

## WORK ENVIRONMENT

The work environment characteristics described here are representative, but not necessarily all inclusive, of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee regularly works in outside weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. Individual is exposed to hearing alarms and hazards associated with fighting fires and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, liquid chemicals, solvents and oils. The employee occasionally works near moving mechanical parts, in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The individual may be exposed to blood-borne pathogens and other infectious materials in the course of their duties. The noise level in the work environment is usually moderate, except during certain firefighting or EMT activities when noise levels may be loud. The duties listed above are intended only as illustrations of the various types of work that may be performed.

I have read and understand the position description.

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EMPLOYEE'S SIGNATURE

---

DATE



## CITY OF GROTON APPLICATION FOR EMPLOYMENT

**PLEASE NOTE: Applications for employment must be completed in full and can be submitted on line provided the deadline is met. Attaching a resume does not relieve the applicant of this requirement.**

It is the City of Groton's policy to comply with all the laws, statutes and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity or national origin, age, disability status, genetic information and testing, family and medical leave, protected veteran status or any other characteristic protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

DATE:

### PERSONAL INFORMATION

NAME

Last

First

Middle Name

PRESENT ADDRESS:

Street Number and Name

Apartment #

City

State

Zip Code

PHONE NUMBER:

Home Phone

Cell Phone

Email address

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?    YES    NO

ARE YOU OVER THE AGE OF 18?    YES    NO

POSITION APPLIED FOR\*:

\*Please note exact title of position(s) you are applying for.

DATE AVAILABLE TO START WORK: \_\_\_\_\_ WAGE DESIRED: \_\_\_\_\_

List the names of any and all relatives (blood or otherwise) who currently work for the City of Groton. If you know the title of the position held by your relative, list the position. If it does not apply, enter N/A in the block below name of relative.

NAME OF RELATIVE	RELATIONSHIP (MOTHER, FATHER, SISTER, COUSIN, ETC.)	POSITION HELD
_____	_____	_____
_____	_____	_____

DO YOU SPEAK, READ OR WRITE ANOTHER LANGUAGE OTHER THAN ENGLISH? YES  NO

PLEASE SPECIFY: \_\_\_\_\_

### EMPLOYMENT INFORMATION

ARE YOU PHYSICALLY AND MENTALLY ABLE TO PERFORM THE JOB APPLIED FOR? YES  NO

(If NO, is there any accommodation that would allow you to perform this job?) YES  NO

DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME WITHOUT PRIOR NOTICE? YES  NO

CAN YOU TRAVEL OUT OF STATE IF REQUIRED BY THIS POSITION? YES  NO

### LICENSE INFORMATION

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES  NO  In what state? \_\_\_\_\_

DO YOU POSSESS A VALID COMMERCIAL DRIVER'S LICENSE? YES  NO  Class A or B? \_\_\_\_\_

DO YOU POSSESS ANOTHER OPERATOR'S LICENSE? YES  NO

If yes, please specify the class and/or endorsement: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES  NO

## EMPLOYMENT EXPERIENCE

START WITH YOUR **CURRENT EMPLOYMENT** OR LAST JOB HELD. INCLUDE MILITARY SERVICE, ASSIGNMENTS, AND VOLUNTEER ACTIVITIES. (YOU MAY EXCLUDE ORGANIZATION NAMES THAT INCLUDE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, OR OTHER LEGALLY PROTECTED STATUS). PLEASE LIST PAST **TEN** YEARS OF EMPLOYMENT. THIS SECTION IS TO BE COMPLETED IN DETAIL TO INCLUDE CITY, STATE, ZIP CODE, PHONE NUMBERS, SUPERVISOR'S TITLE, ETC.

**DO NOT WRITE REFER/SEE RESUME. COMPLETE ALL BLANKS IN FULL.**

<b>Name of Employer</b>		<b>Dates employed (From/To)</b>
<b>Street Address</b>	<b>Apartment #</b>	<b>City, State, Zip Code</b>
<b>Supervisor's Name</b>	<b>Supervisor's Email</b>	<b>Supervisor's Phone Number</b>
<b>Job Position You Held</b>		<b>Reason for Leaving</b>
<b>Describe Detailed Work Performed</b>		

<b>Name of Employer</b>		<b>Dates employed (From/To)</b>
<b>Street Address</b>	<b>Apartment #</b>	<b>City, State, Zip Code</b>
<b>Supervisor's Name</b>		<b>Supervisor's Phone Number</b>
<b>Job Position You Held</b>		<b>Reason for Leaving</b>
<b>Describe Detailed Work Performed</b>		

<b>Name of Employer</b>		<b>Dates employed (From/To)</b>
<b>Street Address</b>	<b>Apartment #</b>	<b>City, State, Zip Code</b>
<b>Supervisor's Name</b>	<b>Supervisor's Email</b>	<b>Supervisor's Phone Number</b>
<b>Job Position You Held</b>		<b>Reason for Leaving</b>
<b>Describe Detailed Work Performed</b>		

<b>Name of Employer</b>		<b>Dates employed (From/To)</b>
<b>Street Address</b>	<b>Apartment #</b>	<b>City, State, Zip Code</b>
<b>Supervisor's Name</b>	<b>Supervisor's Email</b>	<b>Supervisor's Phone Number</b>
<b>Job Position You Held</b>		<b>Reason for Leaving</b>
<b>Describe Detailed Work Performed</b>		

**IF YOU NEED ADDITIONAL PAGES FOR YOUR EMPLOYMENT, YOU CAN MAKE COPIES OF THIS PAGE.**

**NOTE: IF YOU ARE MAILING IN YOUR EMPLOYMENT APPLICATION, PLEASE PRINT ALL PAGES SINGLE ON A SINGLE PAGE.**

## EDUCATIONAL HISTORY

Schools Attended	Name of School / City, State	Diploma/Degree Achieved/Subject
High School		
College		
University		
Other		

Describe specialized training, apprenticeship, skills or extra-curricular activities that would be beneficial to the position for which you are applying. (You may exclude organization names which include race, color, religion, gender, national origin, disability or other legally protected classes).

PLEASE LIST NAMES OF THREE (3) PROFESSIONAL REFERENCES ONE MUST BE A SUPERVISOR. (PLEASE ASTERISK \* THE SUPERVISOR):

<u>NAME</u>	<u>TEL. NO.</u>	<u>OCCUPATION</u>	<u>YEARS KNOWN</u>	<u>EMAIL</u>
* _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MAY WE CONTACT YOUR CURRENT SUPERVISOR?      YES      NO**

If you responded no, please provide an alternative supervisorial professional reference:

<u>NAME</u>	<u>TEL. NO.</u>	<u>OCCUPATION</u>	<u>KNOWN</u>	<u>EMAIL</u>
* _____	_____	_____	_____	_____

## **CITY OF GROTON AGREEMENT AND RELEASE**

**TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE INDICATED BELOW:**

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment.

I authorize the City of Groton to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy. I understand that all employment appointments are probationary, during which time I must demonstrate my fitness for continued employment.

I understand that, as part of the application procedure for employment at the City of Groton, I will be required to submit to a urinalysis test to detect the existence of drugs and other intoxicants. The test will be administered as required by State or Federal Law. I further understand that, if the test is positive, I will be given a copy of the results, if requested.

I understand that as part of the application process, the City of Groton conducts thorough background checks (which may include a check of my criminal history) and credit checks done on prospective employees. I agree, if contacted with respect to such background check, that I will fully cooperate and provide any information requested.

The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nullified, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and the applicant is not required to disclose the existence of criminal records that have been erased pursuant to Connecticut General Statutes, Sections 46b-146, 54-76o or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the General Statutes with respect to these proceedings so erased and may so swear under oath.

As a condition of employment I understand that information relative to the status of any driver's duties, particularly insurability of a driver by the City of Groton, is a vital job function.

As a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every State in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a City of Groton motor vehicle is an essential job function.

I understand that if at any time (now or in the future) the City of Groton cannot insure me due to my motor vehicle operator history my employment will be terminated.

### **AUTHORIZATION AND RELEASE**

I hereby authorize all previous employers and references to release to the City of Groton, any and all employment and personnel information requested, including, but not limited to my personnel file(s). I hereby also specifically release and hold harmless the City of Groton, or any former employer and its employees and/or agents from any and all claims or liability as a result of releasing such information.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**(This employment application must be signed in ink or by electronic signature)**

# VOLUNTARY SELF IDENTIFICATION APPLICANT DATA FORM

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, ethnicity, color, religion, sex, national origin, pregnancy, or gender identity.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

## INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

DATE:  POSITION APPLIED FOR:

### REFERRAL SOURCE:

Advertisement  Friend  Relative  Walk-in  Employment Agency  Other

If other please specify referral source: \_\_\_\_\_

GENDER: Male  Female  Other

VETERAN STATUS:  Veteran: Branch of service \_\_\_\_\_ and years: \_\_\_\_\_  
 Active Reserves  
 Not Applicable

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

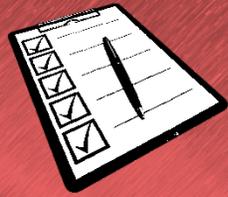
**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



# Firefighter/EMT Application Checklist

Use the following checklist to ensure that you have completed the application in its entirety and submitted the required copies of your training and certifications with your application.

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## Minimum Requirement Documentation List

- Application for Employment
- City of Groton Authorization and Release
- One (1) copy of resume only (no covers, binders or folders)
- Copy of High School diploma or GED Certificate
- Photo copy of front and back of Valid CT Driver's License with "Q" endorsement or CDL Class B
- Photo copy of Current EMT Certification (Connecticut or National Registry)
- Photo copy of Firefighter I Certificate
- Photo copy of Candidate Physical Abilities Test Card (CPAT) earned no earlier than May 1, 2019 or by time of appointment offer

Firefighter I certificate shall be from the Connecticut Commission on Fire Prevention and Control or accredited by the Pro Board Fire Service Professional Qualifications System or the Fire Service Accreditation Congress.

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## Personal Assets, Training and Qualifications Documentation List

- Career fulltime firefighting experience
- Hazardous Materials Operational Certificate
- NIMS 700 Certificate
- Firefighter II Certified
- VMR or Rescue Technician Vehicle I or II Certificate
- Rescue Core Certified
- Pump Operator Certified
- Aerial Operator Certified
- Fire Officer I Certified
- Fire Instructor I Certified
- Graduated of the Connecticut Fire Academy Recruit Class
- Associate's Degree
- Bachelor's Degree
- Connecticut Safe Boating Certificate
- Military Form DD214, Certificate of Release of Honorable Discharge from Active Duty
- Current EMSI (State of CT or National Registry)

All firefighting and rescue related certifications shall be from the Connecticut Commission on Fire Prevention and Control or accredited by the Pro Board Fire Service Professional Qualifications System or the Fire Service Accreditation Congress.

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## Additional Training Included:

- \_\_\_\_\_
- \_\_\_\_\_