



City of Ontario
Clint Benson, Fire Chief
Ontario Fire & Rescue
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Dear Applicant,

Thank you for your interest in becoming a part-time Firefighter with Ontario Fire & Rescue.

The following items are required before your application will be accepted:

- Completed application packet
- Cover letter outlining why you want to be a part-time Firefighter
- 2 letters of recommendation

Incomplete applications or applications submitted without the requested documents may be denied.

Please turn in the completed applications to Admin Assistant: Brittany Ward at City Hall. If she is unavailable, applications can be left with the front desk.

If you have questions about the application process, please contact Brittany Ward at 541-881-3216 or by email at brittany.ward@ontariooregon.org.

Chief Clint Benson

City of Ontario

JOB TITLE:	ON-CALL, NON-CAREER FIREFIGHTER		recv'd copy
DEPARTMENT:	Fire & Rescue	Classification:	Non-Union, On-Call
LOCATION:	Ontario, OR	Date Updated:	April 2019

PURPOSE OF POSITION: Perform fire suppression and rescue, and clean and maintain fire equipment and facilities. If proper certifications are possessed, may also perform hazardous materials and natural disaster operations and prevention duties, and perform emergency medical services on an on-call basis.

ESSENTIAL JOB FUNCTIONS

Respond to fire and other emergency calls, which may include laying hose and connecting to hydrants; directing streams of water or chemicals onto fires using ladders and fire suppression tools and equipment; ventilating structures; searching buildings; and rescuing individuals from buildings or other hazardous situations. May be assigned command position at emergencies.

Operate rescue equipment to provide rescue and basic emergency medical services as necessary.

Operate fire apparatus, which may include driving to and from fires and other emergency calls; positioning apparatus; regulating water pressure; and operating trucks and aerials.

Check and maintain fire department apparatus, equipment and facilities, including routine housekeeping and maintenance duties. Perform necessary testing and maintenance of fire hydrants, inspections and code enforcement.

Maintain records, logs and reports.

Establish and maintain effective working relationships with other public safety agencies, City departments, special interest groups and the general public.

Train and drill on fire, rescue and emergency medical related subjects, techniques and procedures. Attend 50% of drills and 75% of pager responses.

Follow all safety rules and procedures established for work areas.

JOB QUALIFICATIONS

MANDATORY: Must be at least 18 years of age. Should live in a location that allows candidate to respond to City Hall within five minutes of page. High school diploma or GED. Able to communicate verbally and in writing. Basic computer knowledge helpful.

DESIRABLE: Completion of college level course work in Fire Science or related field. Previous experience in a fire/rescue operation, police, HazMat, or other emergency medical service. Possess Emergency Medical Technician (EMT) certification.

SPECIAL LICENSES: Possess or obtain a Basic Firefighter certification within 12 months of hire. Possess valid driver's license. EMT's must have Hepatitis B vaccinations immediately upon hire.

PHYSICAL DEMANDS

While performing the duties of this position, the employee is frequently required to stand, kneel, sit, communicate, reach and manipulate objects, tools or controls. The position requires mobility and the ability to operate firefighting, rescue and emergency medical services equipment. Duties involve moving materials weighing up to 30 pounds on a regular basis and will require moving adult individuals, fire hoses, and fire/rescue equipment, which will weigh over 100 pounds on occasion. Manual dexterity and coordination are required over 50% of the work period while operating equipment such as motor vehicles, emergency medical, fire suppression, rescue equipment, etc.

WORKING CONDITIONS

Approximately 25% of the work period is at fire/rescue sites or training with exposure to fire, smoke, and typical hazards and noise levels associated with fire/rescue service. The remaining work period is typically in the fire station/indoors. Noise level in the fire station is higher than typical of most work environments, and does at times require hearing protection. Position is required to carry a pager during off duty hours.

SUPERVISORY RESPONSIBILITY

None.

SUPERVISION RECEIVED

Works under the general supervision of the Fire Chief or Duty Lieutenant.

ADDITIONAL SELECTION CRITERIA

- Ability to pass a background check.
- Ability to pass a physical examination.
- Ability to pass a drug test.
- Must be of good moral character and of temperate and industrious habits.

Due to the equipment operated and job duties expected, the on-call, non-career firefighter is safety-sensitive position.

This position is an at-will, non-career position with no expectation of continuing employment. This is not a full-time; hours will vary based on on-call situations. The relationship may be terminated by either party at any time, with or without reason or notice. On-call, non-career firefighters are not eligible for employment benefits outlined in the Employee Manual.

CITY OF ONTARIO EMPLOYMENT APPLICATION

POSITION TITLE:	
RECRUITMENT OPEN DATE:	RECRUITMENT CLOSED DATE:

DATE/TIME APPLICATION RECEIVED: _____ BY: _____

The City of Ontario provides employment opportunity to all qualified employees and applicants, without unlawful regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our EEO policy applies to all aspects of the employment relationship-including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment.

To claim veteran's preference in hiring, please complete the Veteran's Preference Form and submit it with the required documentation, at the time you submit this application.

Your application will be considered incomplete if you do not answer all of the questions, submit any required supplemental documentation, or sign your application.

How did you learn about this job opening? _____

PERSONAL INFORMATION			
First Name	MI	Last Name	
Address	City	State	Zip Code
Phone	Cell Phone	Email	

EDUCATION
What is your highest level of education? <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Technical College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree

COLLEGE/UNIVERSITY EDUCATION			
School Name	Degree Received		
School Location (City/State)	Major		
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, # of units completed:	Semester <input type="checkbox"/>	Quarter <input type="checkbox"/>
School Name	Degree Received		
School Location (City/State)	Major		
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, # of units completed:	Semester <input type="checkbox"/>	Quarter <input type="checkbox"/>
School Name	Degree Received		
School Location (City/State)	Major		
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, # of units completed:	Semester <input type="checkbox"/>	Quarter <input type="checkbox"/>

PROFESSIONAL CERTIFICATES & LICENSES

Type	Date Issued (MM/YYYY)	Expiration Date (MM/YYYY)
License Number	Issuing Agency	
Type	Date Issued (MM/YYYY)	Expiration Date (MM/YYYY)
License Number	Issuing Agency	

Please list your current or most recent job first; then go backwards, for up to 10 years of employment. Use as many blocks as needed for your work history. If more blocks are needed, please provide an attachment. If you have volunteer work, or other unpaid work that is directly relevant to the position you are applying for, you are welcome to include that information. Please do not substitute "See Resume".

WORK HISTORY #1

Start Date	End Date	Employer	Position Title		
Address		City		State	Zip
Company Website		Phone Number	Supervisor (Name & Title)		
Hours worked per week	May we contact this employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Duties:					
Reason for leaving:					

WORK HISTORY #2

Start Date	End Date	Employer	Position Title		
Address		City		State	Zip
Company Website		Phone Number	Supervisor (Name & Title)		
Hours worked per week	May we contact this employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Duties:					
Reason for leaving:					

WORK HISTORY #3

Start Date	End Date	Employer	Position Title
Address		City	State Zip
Company Website	Phone Number	Supervisor (Name & Title)	
Hours worked per week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:			
Reason for leaving:			

WORK HISTORY #4

Start Date	End Date	Employer	Position Title
Address		City	State Zip
Company Website	Phone Number	Supervisor (Name & Title)	
Hours worked per week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:			
Reason for leaving:			

WORK HISTORY #5

Start Date	End Date	Employer	Position Title
Address		City	State Zip
Company Website	Phone Number	Supervisor (Name & Title)	
Hours worked per week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:			
Reason for leaving:			

OFFICE SKILLS

Office Skills:

Computer Skills - Windows Programs

Microsoft Word	<input type="checkbox"/> No Experience <input type="checkbox"/> Beginner (Typing letters/memos) <input type="checkbox"/> Intermediate (Mail merge, tables, forms) <input type="checkbox"/> Advanced (Styles, graphics, publications)	Explain how you gained your experience.
Microsoft Excel	<input type="checkbox"/> No Experience <input type="checkbox"/> Beginner (Data entry, sorting) <input type="checkbox"/> Intermediate (Formulas, charts/graphics) <input type="checkbox"/> Advanced (Linked sheets/import data)	Explain how you gained your experience.
Microsoft PowerPoint	<input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Explain how you gained your experience.
Other:	<input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Explain how you gained your experience.

Do you have any special skills, qualifications, or licenses not already mentioned, which may be useful in the position for which you are applying?

LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)

Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

SUPPLEMENTAL QUESTIONS

1. Date you are available to start:

2. Are you willing and able to travel occasionally? Yes No

3. Please describe how you improve your skills related to this position.

4. Which of the following best describes your years of experience related to this position?

No experience

6 to 9 years

Less than 1 year

10 to 14 years

1 to 2 years

15+ years

3 to 5 years

5. Based on your answer to #4, give us examples of training, classes or education that helped you improve your skills related to this position.

6. Please describe why you want to work for the City of Ontario, in this job.

UNDERSTANDING AND ASSURANCES

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

1. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of employment or if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law, policy, and/or [collective bargaining agreement], the City of Ontario may check my criminal background information, DMV information, references, education, certification, licenses, and/or any other source of information that might provide information about my suitability and qualifications for employment with the City of Ontario, I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law, policy, and/or a [collective bargaining agreement] I agree to undergo any drug and/or alcohol testing that the City of Ontario may be required.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by the City of Ontario, and hereby give my consent to the City of Ontario to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, with the exception of employees subject to a collective bargaining agreement, if hired, my employment relationship with the City of Ontario will be "at-will". That means that either I or the City of Ontario may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any person as developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of the City of Ontario and will not be returned. I understand that I must notify the City of Ontario of any changes to my contact information.

I have read and understand the above information.

X

Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes the City of Ontario and its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within the City of Ontario.

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to the City of Ontario organization, or its representative, as requested.

I further agree not to sue the City of Ontario or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to the City of Ontario.

I understand and agree that any information released to the City of Ontario is done so in strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

Applicant's Name (Print)

Other Last Names Used

Applicant's Signature

Date

VETERANS' PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for preference. If you think you may qualify, please read the following checklist carefully. Check the box for each item that is appropriate. If you need further explanation or have special circumstances, please call [insert contact information].

This completed form and the required documentation must be submitted at the time you submit your application.

A. QUALIFIED VETERAN QUESTIONS: You may be eligible to claim veterans' preference if you check at least one of the boxes below, and provide proof of eligibility by submitting a copy of your DD-214 or 215.

ORS 408.225 (1)(f)

- I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service connected disability; or
- I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or
- I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
- I am receiving a non-service connected - pension from the United States Department of Veterans Affairs.

"Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box in the section below and provide proof of eligibility by submitting both of the following documents:

1. A copy of your DD-214 or 215, Certificate of Release or Discharge, Copy 4, and
2. A public employment preference letter from the United States Department of Veterans Affairs. To order the letter, call 1-800-827- 1000 and request a public employment preference letter.

ORS 408.225 (1) (c)

- I have a disability rating designated by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Applicant's Name

Signature

Date

Preference may not be awarded without the appropriate documentation. You must submit your DD-214 or 215 in all cases. If you are claiming disabled veteran preference you must also submit the public employment preference letter from the Department of Veterans Affairs. You will not receive preference without these accompanying documents.