



City of Van Wert/Fire Department

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire Application Form

Position Sought: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ County: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Social Security Number : _____

Are you at least 18 years of age? Yes: _____ No: _____

Employment History and Work Experience

In this section, list all employment history and work experience in date order. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____
(Enter "None" if unemployed)

May we contact your current employer prior to employment? Yes: _____ No: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Do You Want To Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____

Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Did You Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____

Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Did You Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisors Name: _____

Beginning Salary: _____ Per _____

Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Do You Want To Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisors Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Did You Leave? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

Education & Training

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School Attended: _____

Address: _____

Did You Graduate? _____ High School Equivalent? _____

Courses Pertaining to Job Applied For: _____

Activities, Awards, Sports, Etc.: _____

College or Trade School Attended: _____

Address: _____

Did You Graduate? _____ Degree: _____

Courses Pertaining to Job Applied For: _____

Activities, Awards, Sports, Etc.: _____

Graduate School(s) Attended: _____

Address: _____

Did you graduate? _____ Degree: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

Personal Information

Do you have any commitments (I.E., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? Yes: _____ No: _____

If YES, please explain: _____

Do you possess a Valid Driver's License? Yes: _____ No: _____

If NO, can you obtain one prior to employment? Yes: _____ No: _____

Are you eligible to work in the United States? Yes: _____ No: _____

Are you a resident of Ohio? Yes: _____ No: _____

If NOT, are you willing to become a resident upon employment? Yes: _____ No: _____

References

Please list three (3) references who are not related to you that you have known at least one year.

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

- I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.*

Initials: _____

- If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.*

Initials: _____

- I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.*

Initials: _____

- I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record or unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.*

Initials: _____

- I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.*

Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

I agree that any claim of lawsuit relating to my service with the City of Van Wert, Ohio must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitation to the contrary. I understand, also, that I am required to abide by all rules and regulations of the employer.

(Applicant's Signature)

(Date)

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Van Wert, Ohio. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; educational records; my financial status; my criminal history record, including any arrest records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the City of Van Wert, Ohio.

I agree to hold the City of Van Wert, Ohio harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over the proper authorities.

A photocopy or FAX copy of the release form will be valid as an original thereof, even though the said photo copy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of the release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Name	Driver's License #		
Address	Telephone Number		
City	State	Zip	Social Security #
Email	DOB / /		
Witness	Applicant's Signature		
Witness	Date		
Sworn to me and subscribed in my presence this _____ day of _____			
Notary			

Van Wert Fire Department

Career Firefighter/EMT 2026

The following information should be used as a guide only, and is not all inclusive, and is applicable through February 28, 2029. This information is subject to change due to potential revisions in the laws of the State of Ohio, ordinances passed by the City Council of the City of Van Wert, and contract status between the City of Van Wert and IAFF Local 681.

Starting Salary: Van Wert FD has three salary steps. With each year of completion, the person is moved up one step. Each step has three different rates based on your EMT-Basic/Advanced or Paramedic certification. The top step pay is achieved in 2 years. The pay cycle is every 2 weeks on Friday (26 pays/year). All payrolls are done through direct deposit.

Wages

	Hourly x 2912	Annually	Annually after 2 years
(EMT Basic)	\$16.286	\$47,424.83	\$60,688.99
(EMT Advanced)	\$16.804	\$48,933.25	\$62,185.76
(Paramedic)	\$18.559	\$54,043.81	\$66,326.62

Working Hours: The Van Wert Fire Department works a 24/48 cycle.

Benefits: **Vacation:** No vacation time is afforded in the first year of employment.

1-7 years - 144 hours
8-14 years - 216 hours
15-21 years - 288 hours
22 years + 360 hours

Holidays: Employees receive 10 paid holidays/year, based on hire date.

Sick Leave: Employees accrue sick leave at the rate of .0575 hours for each hour of active pay status. (167.44 hours each year as a minimum)

Personal Days: Each employee can convert sick leave into personal days of each year based upon their accumulated sick leave balance. i.e., 720 sick hours equals one 24 hr. personal day.

Funeral Leave: 24 hours of paid leave/occurrence

Military Leave: 408 hours of paid leave annually.

Injury Leave: In the event of an occupational injury, each firefighter who meets the proper conditions is eligible for injury leave for a period not to exceed 120 days. This period may be extended on a period-by-period basis, not to exceed 12 months.

Uniform Allowance: \$725/year

Turnout Gear: This is provided in its entirety by the Department.

Overtime and Callbacks: Overtime is paid for call backs, manpower covers, and special details at the 2080 hourly rate. With these opportunities, many firefighters average over \$8,000 per year in overtime and callback earnings. Personnel living in Van Wert County or an adjoining county who reside within a 16.5-mile radius of the intersection of Main Street and Washington Street in Van Wert are eligible for emergency call backs.

Health Insurance, Drug Card, Dental Insurance, Eye Insurance, Life Insurance see attached Employee Benefit Package

Retirement: Upon attaining a qualifying age with sufficient service credit, a member of the Police and Fire Pension Fund may retire and receive a lifetime monthly pension. Current eligibility is 52 years of age and 25 years of service. An annual pension will be equal to a percentage of the three highest average annual salaries. The percentage is 2.5% for each of the first 20 years of service, 2% for each of the next five years of service, plus 1.5 percent for each year of service from 26 to 33.

Beginning with your first payment as a full-time firefighter, including your probationary period, the law requires your employer to deduct 12.25% for Ohio Police and Fire Pension.

Investments: Automatic payroll deduction is available for the Ohio Deferred Compensation Program and the Ohio Tuition Trust Program.

Annual Physicals and Fitness Examinations: The Department as part of its' Wellness program schedules annual physicals through occupational health and contracts for an annual fitness examination.

Education: We require all personnel to obtain and maintain the following: All personnel are required to obtain and maintain Firefighter II certification (within their first year), EMT Basic, Hazardous Materials Technician, Confined Space Rescue, and ICS 200 certifications. These mandatory certifications, as well as additional training, are provided at no cost to the employee. The Department regularly offers a variety of training opportunities to help you enhance and maintain your skills, ensuring ongoing professional growth. Please note that while the City supports job-related training, it does not currently fund higher education degree programs.

Residency: Although we recommend that you reside in Van Wert County, current Ohio Law does not mandate this. Our residency policy requires that at the end of the first year of employment you reside in Van Wert County or an adjoining Ohio county to Van Wert. These counties include Allen, Auglaize, Mercer, Paulding, and Putman counties.

Probationary Period: All newly hired employees will be required to successfully complete a probationary period of one year. The probationary period includes structured training, benchmarks and evaluations. A newly hired probationary employee may be terminated at any time during this period and shall have no appeal over such removal.

Lateral Transfers: Prior full-time fire service (excluding volunteer) may be credited toward vacation accrual and wage placement. Service must be certified within sixty (60) days of hire. Credit is granted in full-year increments and prorated based on length of service. Lateral transfer applicants must successfully complete the National Testing Network (NTN) exam.

National Testing Network Reimbursement: Candidates hired by the Van Wert Fire Department will be reimbursed for the cost of one Firefighter Mile fee and one Fire Team test fee through the National Testing Network. This ensures that new hires can recover these initial testing expenses as they begin their careers with our department.

Join the Van Wert Fire Department and become part of a proud, community-focused team known for a strong culture and family atmosphere. Our firefighters serve in a well-supported, full-time department that values training, teamwork, and leadership at every level. With competitive wages, solid benefits, modern equipment, and a clear path for advancement, this is an opportunity to build a long-term career while making a real difference for the citizens we serve every day.