NORTH PLAINFIELD FIRE DEPARTMENT 2022 HIRING ANNOUNCEMENT

August 15, 2022

The North Plainfield Fire Department is in the planning phase of replacing vacant full-time positions within the department. At a minimum, this will include a full-time Uniformed EMT position <u>and</u> may include a full-time Firefighter/EMT position. While planning/evaluating our existing in-house candidates, we are also seeking interest from other individuals as potential applicants who are eligible and qualified. Individuals interested in either of these positions who meet the full list of minimum eligibility requirements below, should submit an application to the department, along with proof of FF1 certification, EMT certification and CPR card. Prior to any candidate being considered for employment, proof of the other requirements on this list will be needed.

Minimum eligibility requirements for the position of Firefighter/EMT:

- Citizen of the United States and resident of New Jersey;
- Between 18 and under 35 years of age at time of hire;
- Able to read, write and speak the English Language well and intelligently;
- High School diploma or possess a High School Equivalency Certificate;
- Good moral character and have not been convicted of any criminal offense involving moral turpitude;
- Current New Jersey certified EMT <u>and</u> AHA or Red Cross CPR Health Care Provider;
- Valid certification through the NJ Division of Fire Safety as Firefighter 1;
- Valid/Current N.J. Driver's License;
- Good health sufficient to satisfy the Board of Trustees of the Police and Fireman's Retirement System of New Jersey as to eligibility for membership.

Minimum eligibility requirements to be considered for hire for the position of Uniformed EMT:

- Able to read, write and speak the English Language well and intelligently;
- High School diploma or possess a High School Equivalency Certificate;
- Good moral character and have not been convicted of any criminal offense involving moral turpitude;
- Current New Jersey certified Emergency Medical Technician (EMT) <u>and</u> AHA or Red Cross CPR Health Care Provider;
- Valid/Current N.J. Driver's License;
- Two year's EMS experience (preferred)

If you are interested in being considered as an applicant for either position, you must submit a completed application packet to the department by **September 9, 2022**. It may be submitted in one of two ways, either:

- Return it in person at fire headquarters: 8 Lincoln Place, North Plainfield, NJ 07060; or
- Electronically via the following email address: <u>NPFD@npmail.org</u>

As stated above, the application packet must include:

- Completed NPFD department application (attached) clearly indicate on the application each position that you are interested in applying for
- Current AHA or Red Cross CPR card copy;
- Current New Jersey certified EMT card copy;
- Valid N.J. Division of Fire Safety- Firefighter 1 certification (full time FF/EMT applicants only)



Borough of North Plainfield 263 Somerset Street - North Plainfield, NJ 07060 908 769-2935 Application For Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

We are an equal opportunity employer

| Position Ap (Check all the | | Fire | fighter/EMT | Full | -time | EMT | Per Diem | EMT | Volunteer Fi | refighte | r |
|-------------------------------|----------------|------------|------------------------------------|-----------|---------|-------------|----------|-----------|-----------------|----------|-------------|
| | | | | Applic | ant I | nformatio | n | | | | |
| Full Name: | Last | | | First | | | | M.I. | Date: | | |
| Address: | Street Addre | ess | | | | | | | Apartmen | t/Unit # | |
| | City | | | | | | | State | ZIP Code | , | |
| Phone: | | | Email: | | | | | Da | ate of Birth: | | |
| How did vo | u learn abou | ut us? | | | | | | | | | |
| Advertise | ement I | Employm | ent Agency | Friend | I | Relative | Walk In | Other | | | |
| Date Availa | ble: | | Social | Security | / No.: | | | | | | |
| If you are un proof of you | | | vide required | YES | NO □ | | | | | | |
| Have you fil If yes, wher | ••• | | th us before? | YES | NO □ | | | | | | |
| Have you e | ver been en | nployed | with us before? | YES | NO □ | lf yes, whe | n? | | | | |
| Are you cur | rently emplo | oyed? | | YES | NO □ | | | | | | |
| May we cor | ntact your pr | resent er | nployer? | YES | | | | | | | |
| | | | becoming emp ion status will be | • | | - | | a or Immi | gration status? | YES | |
| On what da | te would yo | u be ava | ilable to work? | | | | | | | | |
| Are you ava | ailable to wo | ork: F | ull Time P | art Time | | Shift Work | | nporary | | | |
| Are you cur | rently on "L | ay-Off" s | tatus and subje | ct to rec | all? | YES | S NO | | | | |
| Can you tra | vel if a job r | equires i | t? | YES | NO □ | | | | | | |
| Have you b last 7 years | | ed of a fe | elony within the | YES | NO □ | | | | | | |
| If yes, pleas | se explain | | | | | | | | | | |

Previous Employment Include any job-related military service assignments and volunteer activities.

| | | | assignments and volunteer activities. You onal origin, handicap or other protected |
|-------------------|------------------------|----------------------------------|--|
| Company: | | | Phone: |
| | | | |
| Job Title: | | Starting Salary: | Ending Salary: <mark>\$</mark> |
| Responsibilities: | | | |
| From: | То: | Reason for Le | eaving: |
| Company: | | | Phone: |
| Address: | | | Curren de en |
| Job Title: | | Starting Salary: | Ending Salary: <mark>\$</mark> |
| Responsibilities: | | | |
| From: | To: | Reason for Le | eaving: |
| Company: | | | Phone: |
| Address: | | | Supervisor: |
| Job Title: | | Starting Salary: | Ending Salary: <mark>\$</mark> |
| Responsibilities: | | | |
| From: | To: | Reason for Le | eaving: |
| Company: | | | Phone: |
| Address: | | | Supervisor: |
| Job Title: | | Starting Salary: | Ending Salary: <u>\$</u> |
| Responsibilities: | | | |
| From: | То: | Reason for Le | eaving: |
| | **If you need addition | al space, please continue on a s | separate sheet of paper. |
| | Sp | ecial Skills and Qualificat | ions |

Summarize special job-related skills and qualifications acquired from employment or other experience.

| Education, Special Skills and Qualifications | | | | |
|--|-------------------|-------------|-------------------------------------|---------------------------|
| | Elementary School | High School | Undergraduate College/University | Graduate/ Professional |
| School Name and location | | | | |
| Years Completed | | | | |
| Diploma/ Degree | | | | |
| Describe course of study | | | | |
| Describe any specialized training, apprenticeship, skills and extra- curricular activities | | | | |
| Describe and honors you have received | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | |

Special Skills and Qualifications

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civic activities and offices held. You may exclude memberships would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Give name, email addresses and telephone numbers of three references who are not related to you and are not previous employers.

Have you had any job related training in the United States military? YES NO

1.

If yes, please explain_____

2.

3._

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

PLEASE INCLUDE A COPY OF YOUR NJ DRIVER'S LICENSE (FRONT AND BACK) AND ANY CERTIFICATIONS (FF1, EMT, CPR)

Signature of Applicant

Date

| FOR PERSONNEL DEPARTMENT USE ONLY | | | | | |
|-----------------------------------|----------|-----------------------|----------------|--|--|
| Arrange Interview YES | | | Control Number | | |
| Remarks | | | | | |
| | | | | | |
| | | | | | |
| Employed YES | | Date of Employn | nent | | |
| Job Title | | _ Hourly Rate/Salary_ | Dept | | |
| By | | | | | |
| | Name and | d Title | Date | | |
| <u> </u> | | | | | |
| | | | | | |

Notes_