

Town of Newport seeks Full-time Firefighter/EMT

The Town of Newport, NH seeks a qualified individual for an immediate opening as full-time Firefighter/EMT.

The primary duties are to respond to alarms and emergency calls, make technical decisions, engage directly in firefighting and rescue operations, effective application of water for suppression of fire, perform advanced emergency medical care, perform salvage operations, participate in regular drills and training, receive telephone calls and visitors and answer questions, issue permits, computer entry, record keeping, maintain equipment and apparatus, perform a wide variety of routine tasks with general maintenance of fire station quarters and grounds.

The successful candidate will have: knowledge of modern firefighting duties, methods and techniques; knowledge of the operation of fire and emergency medical equipment, tools and apparatus; knowledge of emergency medical care and rescue operations; some knowledge of Town ordinances, State laws and relevant codes; skill in driving and operating specialized fire equipment; ability to inspect, operate and repair fire and emergency medical equipment and apparatus; ability to operate two-way radio equipment; ability to follow written and oral instructions; ability to communicate effectively with others and to establish effective working relationships with supervisors, peers and the general public; ability to face life or death decisions during emergency conditions; ability to sustain physical activity and intense concentration under emotionally stressful situations for long periods of time; ability to perform complex tasks during life-threatening situations; ability to carry 150 pounds greater than 100 feet; ability to make rapid transitions from rest to near maximal exertion without warm-up periods; ability to spend extensive time outdoors exposed to the elements; ability to tolerate extreme fluctuations in temperature (up to 400°) and humidity (from dry to 100%) while performing duties and wearing equipment that significantly impairs body cooling mechanisms; an ability to wear personal protective equipment weighing approximately 50 pounds, including positive pressure breathing equipment; and will perform the functions of firefighter/EMT as specified in the job description.

To apply, please submit a letter of intent, with resume (including copies of pertinent certifications) to: Chief Wayne Conroy, Town of Newport Fire Department, 11 Sunapee Street, Newport, NH 03773 or wconroy@newportnh.net. Interested candidates should review the job announcement and full job description, which is available on the Town's website (www.newportnh.net). The Town is looking to fill the position as soon as possible and applications will be reviewed upon receipt.

The Town of Newport is an Equal Opportunity Employer

TOWN OF NEWPORT

JOB TITLE: Firefighter/EMT

2/21/08

DEPARTMENT: Fire

STATUS: Full-Time, Non-Exempt

LABOR GRADE: 6

JOB SUMMARY: Performs firefighter work in fire suppression, fire prevention, rescue, and emergency medical services.

MAJOR DUTIES (the listed examples are illustrative only and may not include all duties found in this position):

- Responds to alarms and other emergency calls.
- Evaluates the situation, makes technical decisions for controlling the emergency, determines and executes specific firefighting plan according to nature of fire, weather conditions, type of building, etc.
- Engages directly in firefighting and in search and rescue operations, providing emergency medical care as necessary.
- Drives and operates fire trucks and other emergency medical equipment.
- Searches building interiors for rescue purposes as assigned, makes openings in burning buildings for ventilation and entrance and chops holes in roof and floors when necessary.
- Lays and connects hose lines and operates nozzles directing water stream, applying knowledge of hydraulics and effective application of water for suppression of fire.
- Enters building with hose and other necessary equipment as directed; operates portable chemical fire extinguishers.
- Performs advanced emergency medical care to persons involved in accidents, fire or rescue incidents and/or requiring ambulance services.
- Performs salvage operations at scene of fire, such as covering furniture with tarpaulins, mopping floors and clearing debris.
- Participates in regular drills, individual and group training courses, including firefighting theory and practices and medical techniques.

- Receives telephone calls and visitors to the Department and answers inquiries based on knowledge of the Department operations.
- Issues permits, enters data into a computer, keeps records and makes reports as required or ordered.
- Maintains equipment and apparatus in proper working order, including preventative maintenance and special projects.
- Performs a wide variety of routine tasks in connection with the general maintenance of fire station quarters and grounds.
- Performs other related duties as required.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED BY THE POSITION:

- Knowledge of modern firefighting duties, methods and techniques.
- Knowledge of the operation of fire and emergency medical equipment, tools and apparatus.
- Knowledge of emergency medical care and rescue operations.
- Some knowledge of Town ordinances, State laws and relevant codes.
- Skill in driving and operating specialized fire equipment.
- Ability to inspect, operate and repair fire and emergency medical equipment and apparatus.
- Ability to operate two-way radio equipment.
- Ability to follow written and oral instructions.
- Ability to communicate effectively with others and to establish effective working relationships with supervisors, peers and the general public.
- Ability to face life or death decisions during emergency conditions.
- Ability to sustain physical activity and intense concentration under emotionally stressful situations for long periods of time.
- Ability to perform complex tasks during life-threatening situations.
- Ability to carry 150 pounds greater than 100 feet.

- Ability to make rapid transitions from rest to near maximal exertion without warm-up periods.
- Ability to spend extensive time outdoors exposed to the elements.
- Ability to tolerate extreme fluctuations in temperature (up to 400°) and humidity (from dry to 100%) while performing duties and wearing equipment that significantly impairs body cooling mechanisms.
- Ability to wear personal protective equipment weighing approximately 50 pounds, including positive pressure breathing equipment.

SUPERVISORY CONTROLS: The supervisor provides continuing or individual assignments by indicating generally what needs to be done, limitations, quantity and quality expected, deadlines and priority of assignments. The supervisor provides additional, specific instructions for new, difficult or unusual assignments including suggested work methods or advice on source material available. The employee uses initiative in carrying out recurring assignments independently without specific instruction, but refers deviations, problems and unfamiliar situations not covered by instructions to the supervisor for decision or help. The supervisor assures that finished work and methods used are technically accurate and in compliance with instructions or established procedures. Review of the work increases with more difficult assignments if the employee has not previously performed similar assignments.

GUIDELINES: Procedures for doing the work have been established and a number of specific guidelines are available. The number and similarity of guidelines and work situations requires the employee to use judgment in locating and selecting the most appropriate guidelines, references and procedures for application and in making minor deviations to adapt the guidelines in specific cases. At this level, the employee may also determine which of the several established alternatives to use. Situations to which the existing guidelines cannot be applied or significant proposed deviations from the guidelines are referred to the supervisor.

COMPLEXITY: The work includes various duties involving different and unrelated processes and methods. The decision regarding what needs to be done depends upon the analysis of the subject, phase or issues involved in each assignment and the chosen course of action may have to be selected from many alternatives. The work involves conditions and elements that must be identified and analyzed to discern interrelationships.

SCOPE AND EFFECT: The work involves treating a variety of conventional problems, questions or situations in conformance with established criteria. The work product or service affects the design or operation of systems, programs or equipment; the adequacy of such activities as field investigations, testing operations or research conclusions; or the social, physical and economic well-being of persons.

PERSONAL CONTACTS: The personal contacts are with employees within the immediate organization, office, project or work unit and in related or support units. The contacts are with

members of the general public in very highly structured situations, i.e., the purpose of the contact and the question of with whom to deal are relatively clear.

PURPOSE OF CONTACTS: The purpose is to obtain, clarify or give facts or information regardless of the nature of those facts, i.e., the facts or information may range from easily understood to highly technical.

PHYSICAL DEMANDS: The work requires considerable and strenuous physical exertion such as frequent climbing of tall ladders, lifting heavy objects over 50 pounds, crouching or crawling in restricted areas.

WORK ENVIRONMENT: The work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress, which require a range of safety and other precautions (e.g. working at great heights under extreme outdoor weather conditions or situations where conditions cannot be controlled).

SUPERVISORY AND MANAGEMENT RESPONSIBILITY: Positions at this level have no formal assigned supervisory responsibility or authority. Employees are responsible only for the performance of their own assigned work. They may be asked to train new employees in the fundamentals of the job or to participate in cross-training of other employees in the department, but such assignments do not include the on-going authority to assign and review the work of other employees or to recommend or take corrective action with regard to the performance of other employees.

MINIMUM QUALIFICATIONS:

- Knowledge and level of competency commonly associated with the completion of a high school diploma or equivalent.
- Experience sufficient to thoroughly understand the diverse objectives and functions of the department usually interpreted to require Firefighter Level I certification and certification as an Emergency Medical Technician, three years of active firefighting experience and working knowledge of fire pumps, or an equivalent combination of education and experience which demonstrates possession of the required knowledge, skills and abilities.
- Successful completion of the physical fitness requirements of the State of New Hampshire, including a complete physical exam with EKG.
- Availability 24 hours per day to meet emergency situations.
- Possession of or ability to readily obtain a valid driver's license issued by the State of New Hampshire for the type of vehicle or equipment operated.

WORK EXPERIENCE:

PRESENT OR MOST RECENT EMPLOYMENT

Company _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? Yes _____ No _____

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT: (Use additional sheets if necessary to describe all previous employment)

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
(Include Area Code) Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) _____ (City) _____ (State) _____

Telephone _____ (Include Area Code) Kind of Business _____ Name and Title of Immediate Supervisor _____

Employed From _____ (Mo., Yr.) to _____ (Mo., Yr.) Job Title _____

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

CONVICTION INFORMATION:

Have you ever been convicted of a crime (including pleading guilty or no contest) that has not been annulled by a court, except for minor traffic violations? _____ Yes _____ No (If yes, please fill in information below.)

Conviction information will not necessarily bar an applicant from employment.

	Date	Reason	Disposition of Case	Place
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

NOTICE: PLEASE READ BEFORE SIGNING

- If I am hired, I agree to abide by the rules and policies of the Town.
- I understand that if I am hired, my employment will be for no definite period, and that my employment and compensation can be terminated with or without cause and with out notice, at any time, at the option of either the Town or me.
- I authorize all persons, companies, prior employers, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. I also release the Town and its agents from all liability from damages arising from this research of my background.
- I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Town policy.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.

I have read the above Notice Section or have had someone read or explain to me, and I fully understand it.

(Print Name)

(Signature)

(Date)

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer, we comply with the government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and **are not** a part of your Application for Employment or personnel file. **PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

<input type="checkbox"/> Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Birthdate: _____
<input type="checkbox"/> <u>Marital Status</u>	<input type="checkbox"/> Female Head of Household (Sole Support)
<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
<input type="checkbox"/> # of Dependents (including yourself)	<input type="checkbox"/> Current Job: _____
<input type="checkbox"/> Check One of the Following (Ethnic Origin)	<input type="checkbox"/> Check If Any of the following apply:
<input type="checkbox"/> White <input type="checkbox"/> African-American	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Elderly(65+)
<input type="checkbox"/> Native American/Native Alaskan	<input type="checkbox"/> Handicapped Individual
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Other	



State of New Hampshire

Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records

33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records