

**CIVIL SERVICE COMMISSION - CITY OF STRONGSVILLE, OHIO
ENTRANCE EXAMINATION – FIRE DEPARTMENT**

Written Test - Saturday, March 24, 2018 - 9:00 a.m.

at

Strongsville Recreation Center
18100 Royalton Road
Strongsville, OH 44136

Physical Agility Test

Administered by

Cuyahoga Community College

See link below for more information and dates.

<http://www.tri-c.edu/workforce/firefighter-physical-agility-testing/documents/firefighters-physical-agility-test-info.pdf>

The City of Strongsville will only accept certificates from the Firefighter's Physical Agility Test administered by Cuyahoga Community College with a passing time of 4 minutes 30 seconds or less. Only Certificates issued on or after March 9, 2017 will be accepted and must be submitted with the completed application. All certificates will be subject to verification.

An Applicant must first pass the Firefighter's Physical Agility Test from Cuyahoga Community College with the proper time in order to qualify to take the Written Test.

A passing score of 70% on the written test is necessary in order to be placed on the eligibility list.

1. All applications for examination must be made on the application form furnished by the Civil Service Commission. Applications can be picked up beginning Monday, November 20, 2017 from:
 - Strongsville Municipal Offices, (HR Department) 16099 Foltz Parkway, Strongsville OH 44149 from 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. Monday thru Friday; or
 - Downloaded from City website: www.strongsville.org, Human Resources tab.
 - **Applications will not be faxed or mailed by the City.**
2. Each applicant for admission to the examination must be a U.S. citizen and must have attained the age of nineteen (19) prior to the date of the Written Test.
3. Each applicant must be at least twenty one (21) years of age at time of appointment. No person shall be eligible to receive an original appointment on or after the person's thirty-first (31) birthday.
4. The City does not accept completed applications returned by mail, fax, or returned electronically.
5. **Completed applications must be returned in person to the City of Strongsville, HR Department, 16099 Foltz Parkway between the hours of 8:00 a.m. to 1:00 p.m. and 2:00 p.m. to 4:30 p.m. beginning Monday, February 5, 2018 and no later than Friday, March 9, 2018 at 4:30 p.m.** The Civil Service Commission has limited the acceptance of applications to the first 150 properly completed applications returned with the required fee and all proper certifications to the City of Strongsville.
6. A Filing Fee of **\$25.00** must accompany the completed **APPLICATION**. Filing fee is **NON-REFUNDABLE** and can be paid by Cash, Cashier Check, Credit Card, or Money Order made payable to the City of Strongsville.

7. At the time that the application is returned to the City, the applicant must be a high school graduate and must present a high school diploma to the City of Strongsville Municipal Offices. Diploma will be copied and returned to applicant.
8. **APPLICANT MUST SUBMIT A VALID OHIO PARAMEDIC LICENSE AT THE TIME THE APPLICATION IS RETURNED.**
9. **APPLICANT MUST SUBMIT A VALID STATE OF OHIO FIRE CERTIFICATION, FIGHTER LEVEL I & II AT THE TIME THE APPLICATION IS RETURNED.**
10. Applicant must have a valid Ohio driver's license and present it to the City of Strongsville HR Department when the application is returned. License will be copied and returned to the applicant.
11. Before appointment, prospective appointees may be required to submit to a polygraph examination, psychological examination, drug screening, a physical examination, and a criminal background check may also be conducted.

An applicant will not be admitted to the examination unless the applicant's application has been properly completed and filed with the City according to all directions and requirements.

*David R. Knowles, Chairman, Civil Service Commission
City of Strongsville is an Equal Opportunity Employer*

City of Strongsville Pre-employment Application

You must complete this form to apply for employment. Answers must be complete and legible.
Applications lacking sufficient information will not be processed

The City of Strongsville is an Equal Opportunity Employer and provider of ADA services

Applicant Information

| | | | | |
|---|-------|---------------|--|-----------------|
| Applicant's Name (Last, First, M.I.) | | | Position/Department Interested in Employment | |
| Street Address | | | Area Code/Telephone No. | |
| City | State | Zip Code | Alt. Telephone No./Mobile No. | |
| E-mail Address | | | County | Referral Source |
| Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: | | | | |
| Have you ever been employed by the City of Strongsville before? | | If yes, when? | Driver License No./State | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names: | | | | |

Education and Training

| Check all Applicable boxes. | | School | Grade Completed |
|-----------------------------|--------------------------|-----------------|--------------------|
| <input type="checkbox"/> | Elementary | | |
| <input type="checkbox"/> | High School Graduate/GED | | |
| | | College & Major | Date of Completion |
| <input type="checkbox"/> | Associates Degree | | |
| <input type="checkbox"/> | Bachelor's Degree | | |
| <input type="checkbox"/> | Master's Degree | | |
| <input type="checkbox"/> | Other | | |

Occupational Licenses, Registration, Certificates

| License/Certificates Issued By | Field/Trade/Specialization | License/Certification No. | Issue Date | Expiration Date |
|--|----------------------------|---------------------------|------------|--|
| | | | | |
| Can you travel if the job requires it? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have the use of a motor vehicle? (If required in the performance of job duties) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please explain: | | | | |
| Do you have supplemental employment that could be a potential conflict with the position you are applying for? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please explain: | | | | |
| Are you related to anyone who currently works for the City of Strongsville? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please indicate names of relatives and where they work: | | | | |
| | | | | |

Employment History

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume (if available) to this application.

| | | | |
|---|-----------|------------------------------------|---------------|
| Classification | Job Title | Dates of Employment (Month & Year) | |
| | | From: | To: |
| Employer | | Supervisor Name and Title | |
| Business Address | | Starting/Current Salary | Telephone No. |
| Description of job duties and give approximate percentage of major duties | | Reason for leaving | |

| | | | |
|---|-----------|------------------------------------|---------------|
| Classification | Job Title | Dates of Employment (Month & Year) | |
| | | From: | To: |
| Employer | | Supervisor Name and Title | |
| Business Address | | Beginning/Ending Salary | Telephone No. |
| Description of job duties and give approximate percentage of major duties | | Reason for leaving | |

| | | | |
|---|-----------|------------------------------------|---------------|
| Classification | Job Title | Dates of Employment (Month & Year) | |
| | | From: | To: |
| Employer | | Supervisor Name and Title | |
| Business Address | | Beginning/Ending Salary | Telephone No. |
| Description of job duties and give approximate percentage of major duties | | Reason for leaving | |

| | | | |
|---|-----------|------------------------------------|---------------|
| Classification | Job Title | Dates of Employment (Month & Year) | |
| | | From: | To: |
| Employer | | Supervisor Name and Title | |
| Business Address | | Beginning/Ending Salary | Telephone No. |
| Description of job duties and give approximate percentage of major duties | | Reason for leaving | |

Special Skills: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer? Yes No

Do we have permission to contact your previous employer? Yes No

Date available for employment:

References (List three PROFESSIONAL references who may be contacted)

| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |
|---|------------------|------------|
| | | |
| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |
| | | |
| Name and Address (Number, Street, City, State and Zip Code) | Telephone Number | Occupation |
| | | |



The City of Strongsville will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Strongsville Human Resource Department.

Visit our Internet site www.strongsville.org

Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the City of Strongsville. I understand that if accepted by the City of Strongsville, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Strongsville is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

**CITY OF STRONGSVILLE
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to the questions below are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

OPTIONAL: Sex

Male Female

OPTIONAL: Please select your age group.

Under 18

18-25

26-39

40-54

55-69

70+

OPTIONAL: Race/Ethnicity

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER: Please self define. _____

OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

OPTIONAL: Are you a veteran?

Yes No

OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.

MILITARY STATUS: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

DISABLED VETERAN: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

DESERT STORM/SHIELD VETERAN: A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

VIETNAM ERA VETERAN: A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.



Firefighter's Physical Agility Test

| | |
|--|---|
| Course length: | 1 day |
| Certificate/credential received: | Certificate of completion |
| Program cost: | \$60 |
| Dates: | One-day course offered: Jan. 15, 2017 Feb. 5, 2017 Mar. 19, 2017 Apr. 30, 2017 June 4, 2017 July 9, 2017 Aug. 13, 2017 Sept. 17, 2017 Oct. 22, 2017 Nov. 26, 2017 |
| Course description: | Cuyahoga Community College requires that all of the tasks be completed in seven (7) minutes or less for entrance into the Fire Academy. Check with each city for which you are applying to find out their established times for the physical agility test. The firefighter's physical agility test consists of the following tasks over a timed course: TASK 1 - Stair Climb with High Rise Pack TASK 2 - Hose Hoist TASK 3 - Forcible Entry TASK 4 - Hose Advance TASK 5 - Victim Rescue |
| Other important information: (open houses, additional program info, etc.) | To Register by FAX: Must pay by credit card 216-987-5468 To Register by phone: Must pay by credit card 216-987-5429 or 216-987-5060 Registration Deadline: 5 p.m. the Wednesday prior to the test date. Note: 2.4% processing fee is charged for all credit card transactions. |
| Course contact: | Dan Waitkus |
| Contact name/phone: | Gwen Kovach/216-987-5429 Marcey Virant/216-987-5060 Mary Paulus/216-987-5076 |

FIREFIGHTER'S PHYSICAL AGILITY TEST INFORMATION

Cuyahoga Community College requires that **all of the Tasks must be completed in (7) minutes or less for entrance into the Fire Academy. Check with each city you are applying for to find out their established times for the physical agility.**

The firefighter's physical agility test consists of the following tasks over a timed course:

TASK 1 - Stair Climb with High Rise Pack

Carry a high-rise standpipe pack (2-50 foot sections of 1 1/2-inch hose weighing 50 pounds) to the third floor of the fire tower. Deposit the hose in the designated location. After Task 2 is completed, this hose will be returned down the stairs to the starting location.

TASK 2 - Hose Hoist

From a third story window, using a hand motion hoist a 50 foot donut roll of 2 1/2 inch hose (about 50 pounds) connected by 5/8 inch rope. This task will be completed twice.

TASK 3 - Forcible Entry

Using the Keiser Force Machine, and a nine-pound hammer, drive a steel beam 5 feet.

TASK 4 - Hose Advance

Pick up the nozzle and move a 1 3/4-inch charged hose straightforward 75 feet.

TASK 5 - Victim Rescue

Drag a 175 pound dummy a distance of 100 feet.

Cuyahoga Community College will issue a certificate of completion indicating the time it takes to complete the tasks. The class participants will be responsible for taking their certificate of completion to the jurisdiction for which they are applying. The certificates will be valid for one year. Applicants must be sure that the fire departments where they are applying for a position will accept the certificate as their standard.

Prerequisites for Firefighter Agility Testing

1. Must show photo proof of identification after passing the test. An Ohio Drivers License or State Identification Card is acceptable.
2. Must read and sign a waiver of liability.
3. Must complete a college non-credit registration form and pay a \$60.00 course fee prior to the test date.
4. Must be in excellent physical health. A physician's exam is not required but is highly recommended.

The firefighter's agility testing will be conducted outdoors. Applicants will be required to wear five-pound ankle weights to simulate the weight of firefighter turn out gear. An air tank will be worn during testing for weight only; it will not be used for breathing air. Applicants can furnish their own gloves or they will be furnished. A firefighter helmet must be worn. Helmets will be furnished. Applicants can furnish their own liner, if they prefer. A ball cap or skullcap will work. It is suggested that applicants wear physical training gear with long pants and athletic shoes with good traction.

Firefighting is physically demanding and at times extremely hazardous. Candidates are encouraged to do pretesting exercises that will assist them in completing the agility test.

Please note: Cuyahoga Community College does not assume any responsibility for any medical consequences that might arise from participating in physical agility testing. **Students under the age of 18 must have an "Assumption of Risk" form signed by parent or guardian prior to testing. CALL FOR FORM.**

FIREFIGHTER'S PHYSICAL AGILITY PREP COURSE

| | |
|----------------|--|
| FEE: | \$125.00 |
| TIME: | 6:00 - 8:00 PM |
| LOCATION: | Tri-C, West, Fire Tower |
| COURSE # 31713 | January 3, 10, 17, 24, 31, 2018 |
| COURSE # 31714 | February 14, 21, 28, March 7, 14, 2018 |
| COURSE # 31715 | March 28, April 4, 11, 18, 25, 2018 |
| COURSE # 31716 | May 2, 9, 16, 23, 30, 2018 |
| COURSE # 31717 | June 6, 13, 20, 27, July 3 (Tuesday), 2018 |
| COURSE # TBA | July 11, 18, 25, August 1, 8, 2018 |
| COURSE # TBA | August 15, 22, 29, September 5, 12, 2018 |
| COURSE # TBA | September 19, 26, October 3, 10, 17, 2018 |
| COURSE # TBA | October 24, 31, November 7, 14, 21, 2018 |

CLASS SIZE: 6 Minimum/25 Maximum

Cuyahoga Community College provides this 5 evening, 10 hour course to help train an individual for the Firefighter's Physical Agility Test. Participants will wear and use the same equipment that is required for the test. If insufficient enrollment, the course will be canceled. You will be notified by phone or postcard.

FIREFIGHTER'S PHYSICAL AGILITY TEST

| | |
|----------------|--|
| FEE: | \$60.00 |
| TIME: | Test time will be assigned when registering. |
| LOCATION: | Tri-C, West, Fire Tower |
| COURSE # 31722 | January 14, 2018 |
| COURSE # 31723 | February 4, 2018 |
| COURSE # 31724 | March 18, 2018 |
| COURSE # 31725 | April 29, 2018 |
| COURSE # 31726 | June 3, 2018 |
| COURSE # TBA | July 8, 2018 |
| COURSE # TBA | August 12, 2018 |
| COURSE # TBA | September 16, 2018 |
| COURSE # TBA | October 21, 2018 |
| COURSE # TBA | November 25, 2018 |

Registration must be completed and paid prior to the test as explained below. Applicants must sign-in prior to start of the test. Late arrivals will not be tested. If insufficient enrollment, the test will be canceled. You will be notified by phone or postcard.

REGISTRATION INFORMATION

All registrations will close 4 days prior to the start of the course. Applicants will be notified of testing time when registration and payment information are received.

To Register by mail: Complete the registration form enclosed. Make your check payable to and mail to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Rd., PSTC Room 124, Parma, Ohio 44130.

To Register in person: Stop by the Fire Academy Office at the Western Campus, PSTC Office 124, Cuyahoga Community College.

To Register by FAX: Payment must be by credit card 216-987-5468

To Register by phone: Payment must be by credit card (2.4% processing fee is charged for all credit card transactions. 216-987-5429 or 216-987-5060

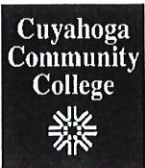
Registration Deadline: 5:00 p.m. the Wednesday prior to the test date.

Refund Policy: Participants will receive a 90 percent refund if they withdraw prior to the test, no refunds thereafter.

Parking: Park in the lot to the right of the Fire Drill Grounds.

Directions to Campus: Exit I-71 at Bagley Road and go East. Exit I-77 at Pleasant Valley Road and go West. Exit The Ohio Turnpike at Exit 10 to I-71 North. The Campus is located at the corner of Pleasant Valley and York Roads, 11000 Pleasant Valley Rd., Parma, OH.

**For information: call 216-987-5429 or
216-987-5060**



Physical Agility Registration Form

I will be attending: Fall _____ Spring _____ Summer _____

Please Print and Complete All Items

New Student Returning Student Last Attended: / /
Month Year

Personal Information

SS# (required): _____

Name _____
Last First MI Maiden

Address _____
Number Street Apt. No.

_____ City State Zip County

Phone _____
Area Code Number

E-Mail _____

Sex Male Female

Ethnic Code Black American Indian or Alaskan
 White (non-hispanic) Asian, Pacific Islander, Indian Subcontinent
 Hispanic Other _____

Date of Birth (required) _____

U.S. Citizen Yes No

Fire Department Employment Information

Dept _____

Position _____

Address _____
Number Street

_____ City State Zip County

Phone _____
Area Code Number

FAX _____
Area Code Number Extension

Mail or FAX In Registration

Payment Type

Letter of Intent (copy attached) P.O # _____ (copy attached)

Check Enclosed Money Order

MasterCard Exp. Date _____

Visa Exp. Date _____

Discover Exp. Date _____

American Express Exp. Date _____

Approval of 2.4% non-refundable

Processing fee _____

Account Number _____

Name on Card _____

Signature _____

Registration Information:

Please make checks payable to Cuyahoga Community College.
 To register over the phone, please call 216-987-5429 or 216-987-5060

Mail registrations to Cuyahoga Community College, Fire Training Academy, 11000 Pleasant Valley Road, Parma, OH 44130.
 Fax registrations to (216) 987-5468.

NOTE: If your Fire Department is paying, you must include either a check, an original purchase order, or a letter of intent signed by the Chief on Department letterhead.

| Course Reference Number | | | | | Course Title | Start Date | Fee |
|-------------------------|--|--|--|--|------------------------------|------------|----------|
| | | | | | Physical Agility Test | | \$ 60.00 |
| | | | | | Physical Agility Prep Course | | \$125.00 |
| | | | | | | | |