

JOB OPENING MAKANDA TOWNSHIP

TITLE:

Township Employee: Fire Department Manager

DUTIES:

Include, but not limited to:

- Provide daytime (approximately 0800-1600) coverage at a Station.
- Respond appropriate apparatus to emergency calls (fire, medical, service calls, etc.) and be able to operate apparatus and equipment on apparatus on scene.
- Complete required reporting in a timely manner.
- Liaison with other public agencies.
- Recruit Fire and EMS personnel.
- Assist with the preparation of Fire Department Budget.
- Assist in coordinating activities of fire prevention programs, Fund raisers and Social events.
- Maintain Fire Department Buildings and Grounds.
- Complete letters, forms, communications, recording, filing and clerical functions.
- Stay abreast of current ISO Standards.
- Keep abreast of latest availability of grants.
- Schedule maintenance and repairs of all Fire Department Equipment.
- Install smoke detectors in owner-occupied homes.
- Other duties relating to the Fire Department as assigned.

MINIMUM ACCEPTABLE QUALIFICATIONS:

- High School diploma or equivalent.
- Three (3) years in Fire Service.
- Illinois certified Firefighter II/BOF/equivalent experience or be able to obtain certification within first year of service.
- Fire Instructor I or be able to obtain certification within first year of service.
- First Responder/Emergency Medical Responder.
- Hazmat Operations.
- Class "B" Non CDL Driver License.
- Pass respiratory and fit test for donning SCBA.
- Ability to read, write, and speak English.
- Ability to perform basic math skills.
- Basic computer skills (word processing and spreadsheets).
- General clerical abilities (recording/filing).
- Preference is for a home residence within 5 miles of Makanda Township.
- Ability to solve practical problems.
- Ability to comprehend and interpret a variety of instructions furnished in written or in oral form.
- Ability to work independently.
- Ability to pass background check and credit check.
- Ability to successfully and responsibly delegate authority and duties.

DESIRED QUALIFICATIONS:

- Firefighter III/Advanced Technician Firefighter.
- Fire Instructor II.
- Knowledge of ISO.
- Knowledge of NFPA and State Fire Marshal guidelines.

- Grant writing abilities.

WORK ENVIRONMENT:

This Fire Department Manager position will maintain an office at one of the two Fire Stations. For the normal daily work routine this office will be the reporting location and work station for this position except when emergency response requires travel to the emergency situation.

This position will be responsible for the duties described within this job opening announcement and with a primary overall duty of administration of the Makanda Township Volunteer Fire Department including:

- Delegating authority and assigning duties for volunteer fire fighters and emergency and first responders and developing protocols for emergency response.
- Developing preparedness protocols including the designing and scheduling of training programs, development of community outreach for fire prevention education and for the recruitment and retention of volunteer fire fighters and first and emergency responders.
- Creating a nurturing environment within the Makanda Township Volunteer Fire Department that is inclusive and non-discriminatory and encouraging to all who are presently Makanda Township Volunteer Fire Department members, and to those who may have the desire to be a volunteer within the Department.

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. While performing the duties of Fire Department Manager, the employee may be required to stand or sit for long periods of time, use hands for grasping or feeling, reach with hands and arms, climb, balance, stoop, kneel, crouch or crawl. Frequently the employee must lift and/or move up to 25 pounds, occasionally up to 100 pounds.

While performing the duties of Fire Department Manager the employee may be exposed to wet and/or humid conditions, moving mechanical parts, fumes or air borne particles, toxic or caustic chemicals, explosives, and outside weather conditions to include extreme cold and heat. The employee may occasionally be exposed to high, precarious places.

SUMMARY:

The Fire Department Manager:

- Reports to the Fire Chief who in turn reports to the Township Board.
- Provides daytime coverage and responds with appropriate apparatus.
- Must work closely with other divisions within the Fire Department, (Medical, Fire Prevention, Administration, etc.).
- Must enjoy working in a highly visible position, react calmly and quickly in the case of an emergency and make good decisions under such situations.
- Works cooperatively with other agencies including Sheriff and Ambulance.
- Establishes and maintain cooperative relationship with township officials.
- Meets with the public, civic groups, and service providers
- Effectively communicates both orally and in writing.
- Is clear and accurate in reporting to the media.
- Attends training sessions, hose testing events, etc., and responds to evening and weekend calls as a volunteer as their schedule allows.
- Pass background and credit checks.
- Submit to and respond to a regular schedule of performance evaluation and adhere to scheduled performance evaluation goals.

PAY AND BENEFITS:

- Salary commensurate with experience and/or qualifications.
- Minimum salary: 40hour work week- \$20.00/hour.
- Retirement or Health Insurance.
- 2 weeks' vacation for the first year, increasing to 3 weeks after 1 year of service.
- Sick time earned monthly

- 8 paid holidays

APPLICATION PROCESS:

Required:

- 1) Complete resume that includes personal contact information, education, work history, firefighter and EMS qualifications, verification of meeting declared qualifications (diploma, certificates of training, transcripts, etc.) and at least three references that includes at least one prior job related reference.
- 2) A completed Makanda Township Fire Department application (see attached).
- 3) A complete application submittal package shall be submitted either in hard copy to: Supervisor Sara Lipe, 5420 Old US Highway 51, Carbondale, IL 62903; or in digital copy to: Supervisor Sara Lipe at supermakanda@hotmail.com



MAKANDA TOWNSHIP FIRE DEPARTMENT

5420 Old U.S. Highway 51
Carbondale, Illinois 62903-8349
(618) 549-0213

Makanda Township Fire Department Application

Position for Which You Are Applying (circle one): Firefighter Firefighter/First Responder
First Responder Other: _____

1. General Information

Name of Applicant: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Home Work (Circle One)
Date of Birth: _____

2. Physical Information

Height: _____ Weight: _____ Eye Color: _____
Hair Color: _____ Date of Last Physical Examination: _____

3. Background Information

Liability Statement:

As this department is involved in emergency medical care at a first responder level, Illinois state law prohibits anyone convicted of Wrongs to Children Act, Cannabis Control Act, or Illinois Controlled Substance Act to be employed as a first responder. If your background investigation reveals convictions in this area you will be considered ineligible for employment with Makanda Township Fire Department. As the fire department is allowed access to private property for rescue and fire suppression; operates fire apparatus during emergency responses; and handles private matters, the fire department reserves the right not to employ persons who have been convicted of theft related matters, reckless driving, and official misconduct related matters, and any other convictions the department administration feels jeopardizes the trust and integrity that the community places in the fire department.

Have you ever been convicted of a felony offense in civilian or military court?

Yes No If yes explain on the back of this page.

Have you ever been convicted of Driving While Intoxicated or under the influence of illegal drugs?

Yes No If yes explain on the back of this page.

Have you ever been discharged from a fire department or EMS position?

Yes No If yes explain on the back of this page.

Have you ever been discharged from any job?

Yes No If yes explain on the back of this page.

4. Driver's License Information

Drivers License #: _____ State: _____ Class: _____
Restrictions: _____ Expires: _____

PROVIDE A PHOTO COPY OF YOUR DRIVERS LICENSE WHEN YOU SUBMIT THIS APPLICATION

Have you ever been forced to surrender a license of any type from another state to that state?
Yes No If yes, which state? _____

Have you ever had your license revoked or suspended for traffic violations?
Yes No If yes, what for? _____

5. Certificates & License

Please list any certification of license that you currently hold that may be applicable to the position which you are applying for. Include certification, license numbers, issuing agency, and expiration date. (Use back of this page if necessary)

Certification	License Number	Issuing Agency	Expiration Date

6. Job/Task Analysis

A. Why do you want to be a firefighter and/or first responder?

B. Why do you want to be a firefighter and/or first responder at Makanda Township Fire Department?

C. You and a fellow firefighter are doing interior attack at a house fire and you see your partner take a couple of \$1.00 bills off the kitchen counter of the house, and he doesn't know you saw him take it. How do you handle this situation? (Use the back of this page if necessary)

D. Your commanding officer orders you to do something that in your opinion is unsafe. How do you handle this situation? (Use the back of this page if necessary)

7. Personal References: These may not be previous employers.

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

8. Professional References: These shall be people who know your work history.

Name & Title: _____ Phone Number: _____

Name & Title: _____ Phone Number: _____

Name & Title: _____ Phone Number: _____

9. Emergency Contact Information

In the event of an emergency who should we contact?

Primary: Name: _____

Phone Number: _____

Secondary: Name: _____

Phone Number: _____

What is your physician's name? _____

Phone Number: _____

10. Statement of Release

I, (print name) _____ do hereby give the authorities of Makanda Township and Makanda Township Fire Department permission to conduct the necessary background investigation, including but not limited to criminal background, driving background, and work related background; and authorize the release of records from an agency necessary for completion of an appropriate background investigation.

I acknowledge that the information and answers provided in this application are complete, accurate, and true to the best of my knowledge. I further understand that any misrepresentation or omission of facts on my part will be justification for denial and/or termination from the Makanda Township Fire Department and bar me from future employment in Makanda Township.

Signature of Applicant: _____ Date: _____

11. Statement of Care

All firefighters injured in the line of duty and in need of medical care will be taken to the Emergency Department of Memorial Hospital of Carbondale. The ranking officer on scene of an incident or training determines and has the final say in the decision as to if personnel should obtain medical attention for their incident or training related injury or illness. Makanda Township Fire Department provides Workman's Compensation Coverage for all personnel injured or struck with illness while in the line of duty.

I hereby understand this STATEMENT OF CARE and agree to its terms as a member of the Makanda Township Fire Department, and understand that I am bound by the decision of the ranking officer. Failure to comply with this decision of the ranking officer voids all of my ability to utilize the fire departments Workman's Compensation Coverage.

Signature of Applicant: _____ Date: _____

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give Makanda Township Fire Department any such information.

A photographic copy or similar reproduction of this authorization shall be valid as the original.

Signature of Applicant: _____ Date: _____

Firefighter Application Health and Fitness Questionnaire

Name of Applicant: _____

Date of Birth: _____

1. Eyesight:
 - a. Do you have eyesight in both eyes? Yes No
 - b. Are you color blind? Yes No
 - c. Are actual deficiencies corrected by glasses or contacts? Yes No
 - d. Are you required to wear glasses or contacts at all times for proper vision? Yes No

2. Hearing:
 - a. Do you have any difficulty hearing normal conversation levels? Yes No
 - b. Are you required to use a hearing aid? Yes No

3. Heart:
 - a. Have you ever been treated for heart disease? Yes No
 - b. Have you ever been treated for hypertension (high blood pressure)? Yes No
 - c. Do you have any history of angina pectoris (chest pain)? Yes No
 - d. Have you ever had heart surgery? Yes No
 - e. Have you ever been treated for any other cardiovascular disease or problem? Yes No
 - f. Are you on any heart related medication? Yes No
If yes, describe: _____

4. Lungs:
 - a. Have you ever been treated for asthma? Yes No
 - b. Have you ever been treated for emphysema? Yes No
 - c. Have you ever been treated for chronic bronchitis? Yes No
 - d. Have you ever been treated for any other pulmonary disease or problem? Yes No
 - e. Do you have any history of unexplained shortness of breath? Yes No
 - f. Are you on any pulmonary, lung related medication? Yes No
If yes, describe: _____

5. Smoking History:
 - a. Do you smoke? Yes No
How many packs per day? _____
 - b. Have you ever smoked? Yes No
How many packs per day? _____
 - c. If you are an ex-smoker, how long ago did you quit? _____

6. Psychological:
 - a. Do you have any claustrophobic tendencies? Yes No
If yes, describe: _____
 - b. Do you experience anxiety attacks? Yes No
 - c. Have you ever been treated for mental illness? Yes No
If yes, describe: _____
 - d. Have you ever been treated for depression? Yes No
 - e. Are you on any medication for psychological illness? Yes No
If yes, describe: _____

7. Allergies:
- a. Are you allergic to any medication? Yes No
 If yes, describe: _____
- b. Do you have any other allergies? Yes No
 If yes, describe: _____

8. Blood Pressure & Pulse:
 Your blood pressure and pulse must be taken by a first responder on the fire department.
- a. Your current resting blood pressure reading is _____ systolic / _____ diastolic
 Your current pulse rate is _____
- Vitals taken by – Name: _____ ID #: _____

9. Alcohol & Drug Abuse:
- a. Have you ever been treated for alcohol abuse? Yes No
- b. Have you ever been treated for drug abuse? Yes No

10. Miscellaneous:
- a. Do you have any physicians diagnosed physical or mental illness that in your physicians opinion could:
- Impair your ability to drive? Yes No
- Impair your judgement? Yes No
- If yes, describe: _____

The answers to the above are complete, accurate, and true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For Department Use Only

Application Received – Officer:			
Name: _____	ID#: _____	Date: _____	
Background Check Completed	Yes	No	Date: _____
Interviewed	Yes	No	Date: _____
Minimum:			
Chief Officer – Name: _____			
Line Officer – Name: _____			
Firefighter – Name: _____			