



**CITY OF PORTLAND  
CIVIL SERVICE COMMISSION**

Human Resources  
389 Congress St. Room 115  
Portland, Maine 04101  
(207) 874-8624 (FAX) 874-8937  
AN EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLYING FOR:

POLICE OFFICER	<input type="checkbox"/>
FIREFIGHTER/EMT	<input type="checkbox"/>

Instructions to Applicants: (1) Print clearly in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
 LAST (PLEASE PRINT) FIRST MIDDLE INITIAL MO. DAY YEAR

ADDRESS: \_\_\_\_\_  
 No. Street Apt.# City State Zip

TELEPHONE NO. HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

How did you hear about this opening?  Advertisement  Friend/Relative  Walk-in  Employment Agency  Other

Have you ever been employed by the City of Portland?  Yes  No  
 If yes, give the Department and dates: Dept. \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Mo Yr Mo Yr

Do you have any relatives that are former or current employees of the City of Portland? Yes \_\_\_ No \_\_\_  
 If Yes, give Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Please read attached sheet for further information requested by the City of Portland.

**EDUCATION AND TRAINING**

(CIRCLE HIGHEST GRADE COMPLETED)	NAME OF SCHOOL	LOCATION (City, State)	Graduated? Yes or No
1 2 3 4 5 6 7 8 9 10 11 12			
COLLEGES OR UNIVERSITIES ATTENDED	NO. YEARS ATTENDED	MAJOR SUBJECTS (List courses that apply to job)	DEGREE or CERTIFICATE
BUSINESS, TRADE OR CORRESPONDENCE SCHOOLS			

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.  
 \_\_\_\_\_  
 \_\_\_\_\_

Drivers License #: \_\_\_\_\_ License Class:  A (CDL)  
 State of Issue: \_\_\_\_\_  B (CDL)  
 Previous License State: \_\_\_\_\_  C (Standard)

**COMPLETE AND SIGN OTHER SIDE**

## EMPLOYMENT HISTORY

List your past employers. Include any periods served in the Military. Show your current or most recent job first. Under "Description of Duties" list kind of work or responsibilities. Use Additional sheets if needed.

If you have a resume, you may include it with this application, but you must also complete the entire application.

From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving
From (Month/Year)	To (Month/ Year)	Title of Position:
Company Name		Description of Duties
Address		
Phone #		
Supervisor's Name		Hourly Pay Rate:
Hours per Week		Reason for Leaving

**Applicant's Certification and Agreement - PLEASE READ CAREFULLY.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment that may be necessary in making an employment decision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## CITY OF PORTLAND, MAINE FIRE DEPARTMENT SELECTION PROCESS INFORMATION SHEET

The Portland Fire Department's Firefighters and Firefighter/EMT's are covered by a Civil Service Ordinance which is administered by the Civil Service Commission. The Commission is an independent board of local business people appointed to oversee the hiring process.

**Application Period:** Accepting applications for the entry level written exam from **Monday, August 20 to Wednesday, September 19, 2018.** Applications must include a cover letter; resume; copy of a high school diploma, general equivalency diploma or college transcript; copy of a driver's license; and a copy of an EMT license.

**Qualifications:** All candidates for Firefighter/EMT must be licensed as an EMT-B at time of interview – Fire Fighter I & II Advanced or Paramedic certification is desirable. Must achieve Advanced Licensure within one year of employment. Must be a high school graduate or equivalent and have either two years of post-high school employment or three years of post-high school education or a combination of education and employment totaling three years. You would have had to graduate in 2016 or before to qualify to take the exam.

**Written Exam:** The entry-level written exam will be held on **Sunday, October 7, 2018 at the Portland Exposition Building, 239 Park Avenue, Portland.** Check-in will begin at 8:00 a.m. Candidates must present a photo I.D. (preferably a driver's license). The exam will begin at 9:00 a.m. Candidates may leave when finished. The time limit for test is 2.5 hours.

The entry-level exam consists of 100 multiple choice questions pertaining to fire knowledge.

The passing score for the written exam is 70. All candidates with the passing score of 70 or above will have their application, cover letter and resume forwarded to the Fire Department for consideration. You will receive notification from Human Resources of your score.

The results of the written exam will be received back from the testing company within two weeks. We ask that you do not call the Human Resources Office requesting your results and that you wait to receive our notice in the mail.

**Fire Selection Information Sheet**  
**Page 2**

**Filling of Firefighter/EMT vacancies:**

The following are the components of testing administered by the Fire Department to candidates submitted for consideration:

1. IAFF/IAFC Candidate Physical Ability Test in accordance with the Civil Service rules and regulations (log on to [www.portlandmaine.gov/1292/CPAT-Test](http://www.portlandmaine.gov/1292/CPAT-Test) for more info).
2. Resume screening and review.
3. Department interview consisting of Fire Command personnel, a Civil Service Commissioner, and a representative from the Fire union.
4. Medical examination with the Department's physician.
5. Job suitability assessment.

Once selected, new Firefighter/EMT's attend a drill school conducted by the Fire Department.

The Eligible List created through this process may last for a period of up to two (2) years.

The starting salary for Firefight/EMT-B's is \$776.58/week; Firefighter/EMT-A's is \$791.70/week; and Firefighter/EMT-P's is \$815.64/week.

**Reminder:** The deadline for applications to take the written entry-level exam is **Wednesday, September 19, 2018.**

**City of Portland, Maine**  
**Firefighter/EMT Salary and Benefits – Calendar Year 2018**

**Firefighter/EMT Pay Plan**

This plan is based on a workweek that averages 42 hours over an eight-week cycle. The work schedule consists of a 24 hour shift, 24 hours off, another 24 hour shift and five (5) days off. The following pay plan is for EMT-Basic; EMT-Advanced and EMT-Paramedic are paid an additional stipend for said certification.

<u>Step</u>	<u>Time in Service</u>	<u>Weekly Salary</u>
1	0-3 years	\$776.58
2	3-5 years	\$929.46
3	5-8 years	\$968.10
4	8-15 years	\$1,036.56
5	15-20 years	\$1,057.98
6	20+ years	\$1,089.06

\*Candidates who laterally transfer from their current career Fire or EMS service with three years of full-time experience will enter the pay scale at Step 2 (3-5 years) of the current Collective Bargaining Agreement.

**Union Affiliation: International Association of Firefighters, Local 740**

**Firefighter/EMT Benefits**

- Vacation** – vacation is earned based on years of prior service and credited to the employee on January 1<sup>st</sup> of each year. Employees earn 12 hours of vacation leave for each three-month period they are employed during their first year of service (maximum of two 24 hour shifts), 84 hours of vacation after working at least one full year, 126 hours after working three full years, and 168 hours after working eight full years. Employees schedule (“pick”) their vacation leave in October for the following calendar year with senior employees picking the first 84 hours of their entitlement prior to new hires picking their vacation time; senior employees pick their remaining entitlement after new hires have selected their time.
- Holidays** – twelve holidays per year. If the holiday falls during the employee’s regular schedule, they must work the holiday and they receive ten (10) hours of holiday pay that week in addition to their regular weekly pay.
- Medical and Life Insurance**
  - Medical insurance through the City of Portland is provided to the employee at no cost with full Wellness incentive credit. Coverage for dependents is also available.
  - Basic life insurance through Maine Public Employees Retirement System: The City pays 100% of the employee premium and the employee pays for supplemental or dependent life insurance.
  - Dental and income protection insurance are available at group rates.
- Pension**
  - The employee has the option of Maine Public Employees Retirement System’s special plan (retirement after 25 years of service) or a 401(a) plan. The employee contributes 8% of gross salary.
  - Optional 457 plan is also available to assist the employee with saving for retirement.
- Sick Leave** – the employee accrues sick leave at the rate of 2.77 hours per week.
- Probationary Period** – one year from date of appointment.

# **A Brief Review of the Proposed Fire Department**

## **Candidate Physical Ability Test (CPAT)**

The CPAT is a joint test developed by the International Association of Fire Fighters and the International Association of Fire Chiefs to obtain a qualified pool of candidates who are physically able to perform essential fire service job tasks. The test has passed legal challenges as the tasks performed are directly job related. The following is a brief description of the 8 test items. During all the tests, the participant wears a 50 lb. Weighted vest to simulate the weight of protective clothing. The applicant is also given 2 chances during the performance of each item to correct him/her self or change grips, etc. The test is timed and an applicant is failed if it takes longer than 10 minutes and 20 seconds. There are built in rest stops between each task.

Test 1.) Stair Climb; this simulates climbing stairs (on a Stair Master), in full protective clothing while carrying a hose pack. (Candidate wears the weighted vest and an additional 25# shoulder weight). The test lasts for 3 minutes at 60 steps a minute.

Test 2.) Hose drag; this simulates dragging a dry hose line from a pumper to a building. The candidate drags the hose for a total of 100 feet.

Test 3.) Equipment Carry; this simulates carrying tools from a fire truck compartment to a fire scene. The candidate picks up a chain saw and a cut-off saw from an elevated shelf and walks them 150 feet.

Test 4.) Ladder Raise; this simulates raising a ladder to a window and extending it to a window or roof. The candidate raises a secured ladder to a vertical position and then extends a second ladder up to its full height.

Test 5.) Forcible Entry; this simulates forcing open a locked door. The candidate uses a 10# sledge hammer and hits a device that measures cumulative force until a certain force is reached.

Test 6.) Search; this simulates searching for a fire victim in an area of limited visibility. The candidate crawls through a specially built wooden maze.

Test 7.) Rescue; this simulates removing a fire victim from an area of danger. The candidate drags a 165# dummy 70 feet.

Test 8.) Ceiling Breach and Pull; this simulates pulling a ceiling to check for fire in a hidden area. The candidate uses a pike pole tool and pushes up and pulls down on a specially designed machine a certain number of times.

## Voluntary Self-Identification of Gender and Race/Ethnicity

The City of Portland is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Portland invites applicants to voluntarily self-identify their race/ethnicity and gender.

**Submission of this information is voluntary**, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**Position(s) Applied For:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street Address and Apartment Number, if applicable

\_\_\_\_\_  
City State Zip Code

### INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender?

- Male  
 Female

Which race/ethnicity do you identify with? You may mark **only one** box:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** a person who primarily identifies with two or more of the above races.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self-Identification of Veteran Status

The City of Portland requests applicants to self-identify as veterans or disabled veterans for affirmative action purposes. This information is requested solely for use in connection with its affirmative action obligations and/or its affirmative action efforts. This information is being requested on a voluntary basis, will be kept confidential in accordance with the Americans With Disabilities Act (ADA), and will be used solely in accordance with the ADA. **Submission of this information is voluntary**, and refusal to provide it will not subject you to any adverse treatment.

The City of Portland is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires the City to take affirmative action to employ and advance in employment **protected veterans**. This includes (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans (defined below). As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

### **Veteran Status: please check one of the boxes below:**

- I identify as one or more of the classifications of protected veteran defined below (disabled veteran; recently separated veteran; active duty wartime or campaign badge veteran; or armed forces service medal veteran).
- I am NOT a protected veteran/do not identify with any of the protected veteran classifications listed below.
- I do not wish to self-identify.

### **Definitions:**

- A “**disabled veteran**” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

**Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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