

City of Monticello



120 W. Washington Street
MONTICELLO, INDIANA 47960
Phone 574-583-3151

To: Prospective Full Time Applicants,

Thank you for your interest in seeking employment with the Monticello Fire Department. We are currently accepting applications for Firefighter/EMT positions. Our process will remain open until positions are filled. We will continue to keep a file of applications for 6 months. You may send updates or changes to your credentials anytime during that period without another application.

The Monticello Fire Department Full Time Firefighter/EMT position application packet consists of several documents. A complete application packet consists of this information document, an MFD application, an Adult Criminal History Check, and a BMV Records Check. Please complete and return 3 of the documents as directed. Failure to comply with instructions and policies of the Applicant Screening Process will result in rejection of the application. Failure to accurately and truthfully complete any of the documents will also result in rejection of the application.

Please read all instructions carefully in every document.

Documents should be typed or printed neatly in blue or black ink where indicated.

Check your documents for completeness prior to submission.

The completed MFD application must be returned to the Monticello Fire Department. Other documents should be returned to locations directed on their forms.

Basic Qualifications for Full Time:

1. Must be a U.S Citizen.
2. If hired Firefighters are required to become a resident of White County, Indiana or an adjoining County.
3. Must be 21 years old to meet Indiana pension qualifications.
4. Must be able to read and communicate in English.
5. Must maintain a valid Indiana Driver's License.
6. Must be a High School Graduate or possess a G.E.D.
7. Must be certified as an EMT.
8. No felony convictions.
9. Must be able to produce required documents for your application.
10. Must become Certified EMT/Paramedic in time frame assigned by the Fire Chief.
11. Must be willing to sign a tuition reimbursement contract if the department provides training funds to complete paramedic certification. No repayment is necessary after 5 years of service.
12. Must be approved by the 1977 Firefighter's Pension and Disability Fund at the time of their employment.
13. Must provide a complete and accurate MFD application and other documents.

Notice to Applicants prior to submission:

You will be expected to perform your duties with a high level of ethical responsibility as a Firefighter for the City of Monticello. We expect you to conduct yourself in accordance with our department's core values. Our department core values consist of the following 3 areas.

Honor:

1. You will interact with honesty and integrity with any member of the public or department member.
2. You will take responsibility for your actions and for those that you are responsible to supervise.
3. You will be mindful of your public responsibility, of your position and how your actions reflect on the entire organization.

Courage:

1. You will support the mission of the organization to save lives and property.
2. You will stand to defend our citizens and members from harm.

Duty:

1. You will obey the orders of your superiors.
2. You will show respect and dignity towards all people.
3. You will commit to positive change and constant improvement in which to carry out our mission.
4. You will effectively work as a team to accomplish our goals.

In addition to our departments core values you should also expect as a full time firefighter to...

- A. You will be assigned to work 24 hour shifts at our fire house. You may work weekends, holidays, or you may miss family events due to the rotation of the shift schedule. Your choice of days off will increase as you build years of service with the department.
- B. You will be assigned to work on an ambulance as well as making fire responses. Riding positions change with years of service in the department.
- C. You will be expected to participate with all daily activities of the shift. Firefighting is a unique occupation which requires to the ability to work as a team while living together with others.
- D. You will be expected to follow our department rules. This is a core value of our department.
- E. Employees of the City of Monticello may be required to submit to a random drug test.
- F. You will be expected to conduct yourself in an ethical manor on or off duty.
- G. Candidates are selected by the review of their credentials, the applicant pool, a series of interviews, and applicate rating system.

Applicant Checklist

- ✓ Birth Certificate
- ✓ Copy of Driver's License
- ✓ Copies of any Fire or EMS Certifications
- ✓ High School, College, transcripts, diplomas
- ✓ DD214 if applicable for military veterans
- ✓ Two small photographs. 1. Full length with short sleeves. 2. Head and shoulder.
- ✓ Adult Limited Criminal History
- ✓ BMV Records Check
- ✓ MFD Application

Final Instructions

Return completed MFD Application to: Attention Chief

Monticello Fire Department

120 W. Washington St.

Monticello, In. 47960

Questions regarding the application can be directed to the business office 574-583-3151

Full Time Firefighter Position Summary of Benefits, Compensation, and Structure

Annual Pay:

Probationary Firefighter/EMT \$39,440.00

First Class Firefighter/Paramedic \$40,565.00

Uniform Allowance after first year:

\$860.00 per year for uniforms.

Firefighting Gear is provided by the department.

Telephone Stipend:

\$10.00 per month.

Paid Time Off

Vacation: Beginning after 1st year. 1 day earned per year to a maximum 18 days total. Holidays: Number is set each year. 2015 Holidays are 12 days for the year. Sick Days: 6 days per year to a maximum total of 30 days.

Voluntary Sick Bank is available for employees who participate.

Retirement:

The City of Monticello Firefighters participate in the 1977 Firefighters Pension and Disability Fund. Pension benefits are available to participants upon specific years of service. The fund rules and regulations are available online on their web site.

Training:

Paramedic tuition costs are paid by the City of Monticello. The department members have participated in different paramedic programs ranging from one year to accelerated 4 month programs. The Fire Chief will select the most appropriate program based upon department needs and academic abilities of the firefighter. When the department provides tuition to a paramedic program employees are required to sign a tuition reimbursement contract which expires after 5 years of service. Different levels of Fire and Rescue training is also available and provided by the department. Department members are encouraged to gain certifications in several areas such as diving, auto extrication, rope rescue, and haz mat.

Health Insurance:

The City of Monticello has a Health Saving Plan available to full time employees. Employee contribution levels are set each year. Rates apply to the type of plan you are enrolled in. Plans for individual or family are available. Current single deductible is \$2,600 of which the City contributes \$500 per year. Current family deductible is \$5,200 of which the City contributes \$1,000 per year.

Work Schedule:

Firefighters are assigned to work one of the three different shifts. Each shift works 24 hours at a time. In a 28 day period firefighters will be scheduled to work 9-10 twenty four hour shifts. Overtime is paid when a firefighter works more than 212 hours in a 28 day cycle. The rotation of days to work begins with one day of work, one day off, second day of work, second day off, third day of work, and then 4 days off in a row to then begin the cycle again. Off duty firefighters may also respond to fires and other emergencies when they are available and will be compensated for the time outside of their regular scheduled shift.

Pay Schedule:

Firefighters are paid by direct deposit bi-weekly. Overtime is paid once per month.

Short and Long Term Disability:

In the case of a firefighter who is unable to perform their assigned work due to an injury or disability, the City provides a short term insurance disability policy. Long term disability is covered under the rules and regulations of the 1977 Firefighters Pension and Disability Fund.

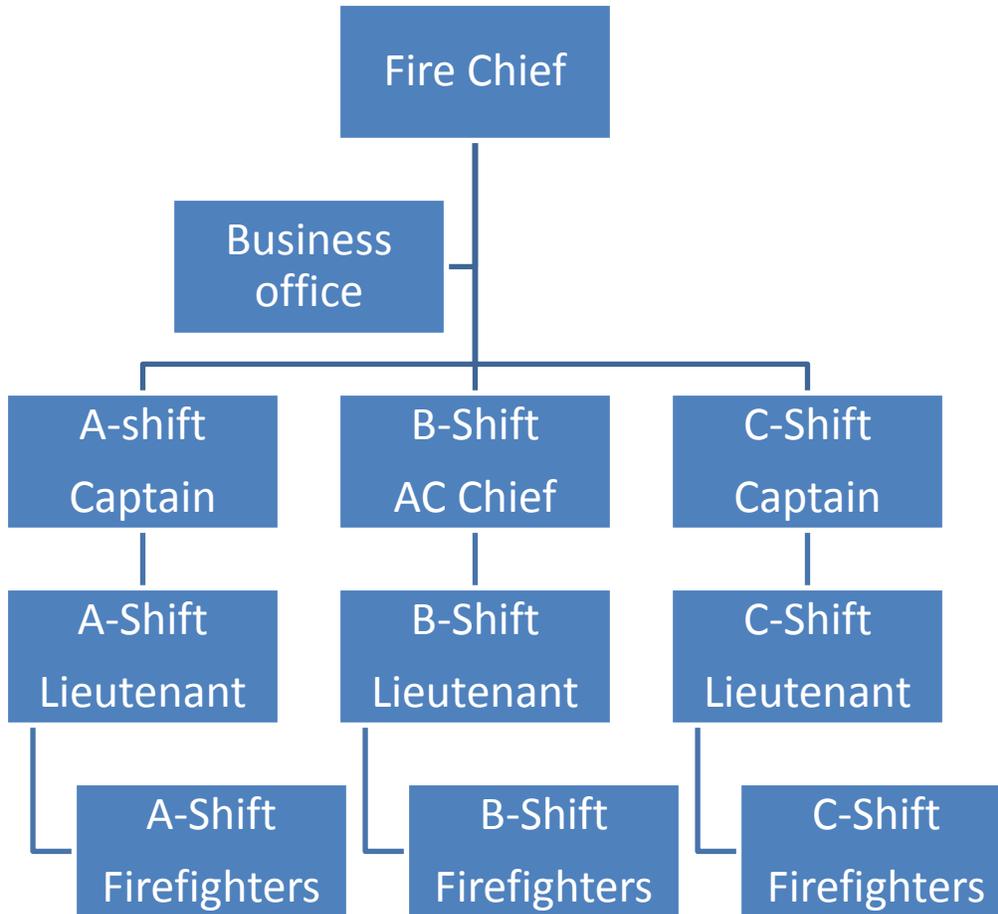
Life Insurance:

The City of Monticello provides for a \$25,000 policy of Life Insurance to full time employees.

Longevity Pay

Full Years Of Employment	Longevity Pay	Full Years of Employment	Longevity Pay
3 yrs	\$100.00	17 yrs	\$ 1400.00
4 yrs	\$150.00	18 yrs	\$ 1450.00
5 yrs	\$ 350.00	19 yrs	\$ 1500.00
6 yrs	\$ 400.00	20 yrs	\$ 1850.00
7 yrs	\$ 450.00	21 yrs	\$ 1900.00
8 yrs	\$ 500.00	22 yrs	\$ 1950.00
9 yrs	\$ 550.00	23 yrs	\$ 2000.00
10 yrs	\$ 800.00	24 yrs	\$ 2050.00
11 yrs	\$ 850.00	25 yrs	\$ 2450.00
12 yrs	\$ 900.00	26 yrs	\$ 2500.00
13 yrs	\$ 950.00	27 yrs	\$ 2550.00
14 yrs	\$ 1000.00	28 yrs	\$ 2600.00
15 yrs	\$ 1300.00	29 yrs	\$ 2650.00
16 yrs	\$ 1350.00	30 yrs	\$ 3100.00

Monticello Fire Department Organizational Chart



Monticello Fire Department



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied for			
Are you a resident of White County? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, what is your county of residence?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Last year completed GPA	
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal, non-family, and one teacher references.</i>	
Full Name	Relationship
Time Known	Phone ()
Address	
Full Name	Relationship
Time Known	Phone ()
Address	
Full Name	Relationship
Time Known	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Request for Limited Adult Criminal History Information

(317) 233-5424

ID Billing Number

Please type or print all information

RECORD CHECK ON:

Grid for Last Name

Last Name

Grid for First Name

First Name

Grid for M.I.

M.I.

Grid for Date of Birth

Date of Birth MM/DD/YYYY

M = Male
F = Female

Grid for Sex

Sex

A = Asian / Pacific / American Indian / Alaskan
W = White B = Black
U = Unknown M = Multi Racial

Grid for Race

Race

REQUESTER
 AGENCY
 SELF
 ADOPTION

()

Daytime Phone Number

Name
Mailing Address: (where this response will be sent)
City, State, Zip Code
ATTENTION:

Limited Criminal History Information – Reason For Request

The cost is \$7.00. Mark an "X" in one box below for this request.

Certified check or money order must be enclosed if request is mailed.

Cash will be accepted only in person. [Correct Change]

- (1) Has applied for employment with a non-criminal justice organization or individual;
- (2) Has applied for a license and criminal history data as required by law to be provided in connection with the license;
- (3) Employment with a state or local governmental entity.
- (4) Is a candidate for public office or a public official;
- (5) Is in the process of being apprehended by a law enforcement agency;
- (6) Is placed under arrest for the alleged commission of a crime;
- (7) Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8) Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9) Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10) Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11) Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12) Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;
- (13) Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children;
- (14) Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15) Has been convicted of any of the following:
 - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
 - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - (C) Child molesting (IC 35-42-4-3).
 - (D) Child exploitation (IC 35-42-4-4(b)).
 - (E) Possession of child pornography (IC 35-42-4-4(c)).
 - (F) Vicarious sexual gratification (IC 35-42-4-5).

(continued on next page)

- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

REASON FOR NO FEE REQUEST
Check area that applies to your agency.

PER IC 10-13-3-36

- A. Has been in existence for 10 years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. Home Health Agency (Copy of license must accompany this request).
- C. Department of Public Welfare Day Care/Foster Home Licensing or license.
- D. School Corporation, Non-Public School or Special Education Cooperative (Kindergarten through Grade 12).
- E. Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- F. Group living facility licensed under IC 12-28-5.
- G. An area agency on aging designated under IC 12-10-1.
- H. Community action agency (as defined in IC 12-14-23-2).
- I. Owner operator of a hospice program licensed under IC 16-25-3.
- J. Community mental health center (as defined in IC-7-2-38).
- K. Department of Child Services (as defined in IC 1-13-3-27-5).
- L. (1). The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
 (2). The request is made as part of a background investigation of a prospective or current adult volunteer; and
 (3). The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.
(Before checking above box read the defined Indiana Code)

\$10.00 () Mark an (X) here for this request

REVIEW CHALLENGE

Any person may challenge the information contained in their **criminal history data file** 10-13-3-31. Agencies may not request a **Review Challenge**.

A **Review Challenge** may only be obtained by persons on themselves.

Request by mail – please submit the following:

- a. Complete this form
- b. A complete set of fingerprints taken by a law enforcement agency. (Do not fold or bend card)
- c. \$10.00 certified check or money order to State of Indiana (**NO CASH OR PERSONAL CHECKS**).

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date

Certified check or money order only - made payable to the STATE OF INDIANA.
Cash will be accepted only if request is in person. “NO” personal checks

Mail request to:
 Indiana State Police, Criminal History Limited Check
 P.O. Box 6188
 Indianapolis, Indiana 46206-6188



REQUEST FOR BUREAU RECORDS

State Form 43511 (R2 / 2-96)

Approved by State Board of Accounts, 1994

The Indiana Bureau of Motor Vehicles' records are open to the public. All requests for records must be in writing. Please complete the following application for drivers license record. You must complete a separate application for each license record you are requesting.

NOTE: The Bureau cannot disclose a person's Social Security number, Federal Identification number, or Driver's License number.

INSTRUCTIONS: Make cashier's check, money order or personal check payable to: Bureau of Motor Vehicles
Driver Records / IGCN
100 N. Senate Ave., Rm. N405
Indianapolis, IN 46204
Telephone: (317) 232-2894

TOTAL DUE: \$ _____

Name of person or business making request <i>(first name, middle initial, last name)</i>		
Mailing address of person or business making request <i>(number and street or rural route)</i>		
City	State	ZIP code

H H H H H H H H H H H H H H H H **Please complete form below for driver information requested.** H H H H H H H H H H H H H H H H

Name of driver <i>(first name, middle initial, last name)</i>		
Driver's license number	Date of birth <i>(month, day, year)</i>	
<i>Place a check mark next to the driver information you are requesting.</i>		
<input type="checkbox"/> Driver's License Record (ODR / MVR) Fee: \$4.00	<input type="checkbox"/> Certification of Record Fee: \$4.00 + (plus) Record Fee: \$ _____	
<input type="checkbox"/> SR 21 - Proof of Insurance at Time of Accident Fee: \$4.00	Date of loss <i>(month, day, year)</i>	Name of adverse driver
	Location of accident	Name of insured driver
<input type="checkbox"/> Driver's License History Fee: \$8.00		
A driver's license history is a driver record plus photo copies of underlying documents: Please specify documents being requested: <hr/> <hr/> <hr/>		

Driver's License Record (ODR / MVR)
Fee: \$4.00

A driver's license record includes:
1. Driver's name and address
2. Physical description
3. Type of license issued, status and any restrictions
4. Issue and expiration date
5. List of tickets / violations etc.
Processing time is 7 - 10 working days.

Driver's History
Fee: \$8.00

A driver's history includes all information listed under Driver's License records and photo copies of SPECIFIED documents. Processing time is approximately 2 - 8 weeks.

Certification of Records
Fee: \$4.00 plus Record Fee

A certified record is admissible in a court of law. The record is certified as being a copy of the original documents.

SR 21's Proof of Insurance
Fee: \$4.00

Proof of insurance at the time of an accident. It takes approximately 120 days, from the date of the accident, before the information is available to the customer.