Employment Application – City of Tiffin

300 Railroad Street, PO Box 259, Tiffin, IA 52340
Phone: 319-545-2572 Fax: 319-545-4147
www.tiffin-iowa.org

FULL NAME: _____ DATE: _____

ADDRESS/APT #: _____ CITY/STATE/ZIP: _____

PHONE #:_____ EMAIL: _____

POSITION

POSITION YOU ARE APPLYING FOR:		AVAILABLE START DATE:	
DO YOU HAVE ANY EXPERIENCE IN THIS POSITION?			

EDUCATION

	NAME & LOCATION OF SCHOOL	DEGREE RECEIVED, YES/NO	TYPE OF DEGREE/CERTIFICATE
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
OTHER TRAINING			

MILITARY

BRANCH/DATES	RANK AT DISCHARGE	TYPE OF DISCHARGE

PREVIOUS EMPLOYMENT

COMPANY/LOCATION	JOB TITLE/DUTIES	EMPLOYMENT DATES	SUPERVISOR NAME & CONTACT

REFERENCES

NAME	TITLE	COMPANY	CONTACT

Have you been convicted of or pleaded no contest to a felony within the last five years? YES ◯ NO ◯

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. EOE.

Signature: _____ Date: _____

TIFFIN FIRE DEPARTMENT

Commitment Policy

The Tiffin Fire Department is combination department mainly staffed by volunteers. I understand that being an employee of the Tiffin Fire Department means that I commit to freely give of my time for various fire department activities including, but not limited to:

- Training meetings (1st Monday of every month)
- Business meetings (2nd Monday of every month)
- Special department trainings (occasionally scheduled in advance on weekends or evenings)
- Outside training
- Fundraising activities (includes preparation, activity and cleanup)
- Special community events
- Calls for service
- Other activities that arise from time to time.
- Out of town residents, shall be required to do an assigned shift.
- In town residents, may be required to do an assigned shift.

I have read, understand and signed the Tiffin Fire Department Commitment Policy. I understand that any breach of this policy may result in removal from the Fire Department.

Applicant Signature: _____ Date: _____

TIFFIN FIRE DEPARTMENT

Drug Policy

The Tiffin Fire Department recognizes that drug use by employees of this organization would be a threat to the public welfare and the safety of all department members and such use will not be tolerated.

The possession, use or being under the influence of alcoholic beverages or unauthorized drugs will not be permitted while on duty or conducting any official business in connection with the Tiffin Fire Department and will result in removal from the department. Any employee who is using prescription or over-the-counter drugs that may impair their ability to safely perform their job, or affect the safety and well being of others, must notify an officer of such use before resuming any duties on behalf of the department.

Employees shall be responsible for their guests brought onto department property. Employees who bring guests that engage in the use, sale, consumption, possession or distribution of drugs or other controlled substances while on department property will be suspended immediately and further evaluation of the member's status will be required.

The use, sale, consumption, possession or distribution of drugs or other controlled substances while on or in department property (including vehicles) or while engaged in department business is strictly prohibited and will result in termination of employment.

The use, sale, consumption, possession or distribution of drugs or other controlled substances while off-duty will not be tolerated and result in immediate suspension and further evaluation.

For new recruits:

1. Unlawful sale of any controlled substance will disqualify a recruit.
2. Any recruit who is discovered to have misrepresented his/her drug history in completing the application will be disqualified.
3. A recruit who is known to have used or is determined to have used any illegal substance in the last five years will be found unsuitable for the department.

To determine whether you meet the department's drug policy, please answer the following questions:

1. Have you used an illegal drug (including marijuana) in the past five years? **Y** ◯ / **N** ◯
2. Have you ever sold an illegal drug or controlled substance? **Y** ◯ / **N** ◯
3. Have you ever used an illegal drug (no matter how many times or how long ago) while in a law enforcement or prosecutorial position, or in a position which carries with it a high level of responsibility or public trust? **Y** ◯ / **N** ◯

   If you answered YES to any of the above three questions, you are immediately disqualified.

4. Are you willing to take a physical exam (including a drug and alcohol screen) as may be required by the fire department? **Y** ◯ / **N** ◯

I have read, understand and signed the Tiffin Fire Department Drug Policy. I will abide by this policy in my personal life and during Fire Department activities. I understand that any breach of this policy may result in removal from the Fire Department.

Applicant Signature: _____ Date: _____

TIFFIN FIRE DEPARTMENT

Code of Conduct

The character of our members is critical to the future success of our department. An employee of the Tiffin Fire Department must be of good moral character, which means that he or she can be trusted and is considered by those who know him/her to be a person of good reputation and good standing in the community. Members must continually show high levels of maturity, good judgment, responsibility and a respect for others.

When conduct is of a nature that would discredit an employee of the Tiffin Fire Department, the employee may be dismissed.

For new recruits:

The above code of conduct will be used to determine suitability for employment with the Tiffin Fire Department. If during the application process the department becomes aware of any past behavior in conflict with this policy, the application will be denied. The department reserves the right to perform a criminal background check of all recruits.

Many factors are relevant in the assessment of one's character. The department seeks employees whose histories show good judgment, maturity, a sense of responsibility and a respect for others.

To determine whether you meet the department's code of conduct, please answer the following questions:

1. Have you ever been convicted of a felony or aggravated misdemeanor? **Y** ◯ / **N** ◯
2. Have you ever been convicted of sexual assault or sexual abuse? **Y** ◯ / **N** ◉
3. Have you ever been convicted of domestic assault, child abuse or any other conviction resulting from domestic or child abuse? **Y** ◯ / **N** ◯

If you answered YES to any of the above three questions, you are immediately disqualified.

I have read, understand and signed the Tiffin Fire Department Code of Conduct. I am willing to abide by this code in my personal life as well as during Fire Department activities. I understand that any breach of this code may result in my removal from the department. I also understand that the Tiffin Fire Department reserves the right to do a criminal background check of all recruits.

Applicant Signature: _____ Date: _____

TIFFIN FIRE DEPARTMENT

Confidentiality Policy

Confidentiality is of the utmost importance to members of the Tiffin Fire Department. The following policy includes communications with the media as well as communications with the general public and covers all Tiffin Fire Department personnel.

1) Any announcement or statement to the press or public (during or after an incident) will be cleared through the fire chief or a designated officer.
2) Any announcement or statement to the press or public with regards to the Tiffin Fire Department will be cleared through the fire chief or designated officer.
3) When a civilian or firefighter has received medical aid from Fire Department personnel, the patient's name, condition, diagnosis, care, treatment or any other personal information will be kept strictly confidential and shall not be given out by Tiffin Fire Department personnel (during or after the incident).
4) Inquiries from the general public or news media (during or after the incident) on any of the above topics shall be passed along to the fire chief or designated officer.

Failure to comply with the above confidentiality policy may result in disciplinary action, up to and including removal from the Tiffin Fire Department.

I have read, understand and signed the Tiffin Fire Department Confidentiality Policy. I understand that any breach of this policy may result in my removal from the fire department.

Applicant Signature: _____ Date: _____

TIFFIN FIRE DEPARTMENT

EMT Certification Policy

****Complete this form only if you plan to obtain an EMT certification****

It is the policy of the Tiffin Fire Department to pay for costs associated for members who wish to become certified as an EMT. As a condition of this agreement, the department expects the applicant to successfully become certified and make a minimum commitment of time of service. The following policy deals with the certification and length of service issues.

1) Once a new prospective applicant has been accepted for employment and has indicated an interest in becoming an EMT, training classes through approved course provider will be scheduled.
2) The department will pay up front the costs associated with this class, including tuition, books, uniform, immunizations, background checks and tests.
3) If the applicant does not successfully obtain their EMT certification, including passing the Iowa Practical Exam and the National Written Exam, the employee will be required to reimburse the department for all costs listed above.
4) If the employee leaves the Tiffin Fire Department within one year of successfully becoming certified, the employee agrees that he/she will reimburse the department for 100% of the costs that have been paid by the department.
5) If the employee leaves the Tiffin Fire Department after one year, but before two years from your certification date, the employee agrees that he/she will reimburse the department for 50% of the costs that have been paid by the department.
6) If the employee remains an member in good standing for two or more years after successfully becoming certified, no future payment of the costs listed above will be considered due to the department.

I have read, understand, and agree to the terms of the Tiffin Fire Department EMT Certification Policy as outlined above.

Applicant Signature: _____ Date: _____