



## **Job Announcement** February 1, 2015

**Position:** **Captain/EMT-B**

**Starting Salary Range: DOQ.** (Captain/EMT-B candidates meeting the minimum requirements will start at \$38,200 annually with vacation, sick leave, holiday pay, retirement & medical benefits)

**Application Deadline:** **Until Filled**

The Stoney Point Fire Department Inc. is currently advertising for the position of Captain/EMT-B (Shift Supervisor). Completed applications and resumes are being accepted to fill the listed position through 1700 Hours Friday February 27, 2015.

Applicants must be at least 21 years of age, have a high school diploma or GED, and meet the following minimum pre-requisites.

1. Fire Officer II
2. Driver Operator – Pumps
3. Emergency Medical Technician – Basic
4. Hazardous Material Level I (Operations)
5. Technical Rescuer – Vehicle & Machinery
6. NIMS 100, 200, 300, 700, 800
7. North Carolina Class “B” Operators License

Additional preference will be given in the hiring process to applicants possessing additional state certification as additional levels of Technical Rescuer Certification including Surface Water Rescue, Rope Rescue, Agricultural Rescue, Fire Life Safety Educator (FLSE), and understanding of the NC Response Rating System, and Commission on Fire Accreditation International Fire Service accreditation programs.

In order for an individual to compete successfully for this position, they must possess any combination of experience and education that would likely produce the required knowledge, skills, and abilities. The successful candidate must have experience in leading an organization with both paid and volunteer members and excel in an environment that requires innovation.

Stoney Point Fire Department applications are attached to this employment advertisement and may also be picked up at Station 13, and turned in or mailed to Fire Chief Freddy L. Johnson Sr. Stoney Point Fire Department Inc., 7221 Stoney Point Road, Fayetteville, North Carolina 28306, during normal business hours Monday through Sunday 8 to 5 pm. Applicants must submit a completed SPFD [Application and Resume](#), with attached certifications and a current criminal records check no later than 1700 Hours February 27, 2015. All questions should be directed to the Chief Johnson Sr. (910) 424-0694 (Office) or 910-476-1301 (Cell)

**The Stoney Point Fire Department Inc. is an Equal Opportunity Employer**

**The following is a sample of the knowledge, skills and abilities required for this position, and not a complete list of duties or responsibilities.**

**GENERAL JOB DUTIES INCLUDE:**

Under direction, while on shift functions as the fire station commander, with overall responsibility for station management and assigned resources; and performs related work as required.

**DISTINGUISHING CHARACTERISTICS OF THE CLASS:**

A Fire Captain functions as supervisor for the overall operation of a fire and rescue station or a major section. A fire and rescue station commander has overall responsibility for administrative and maintenance activities of the fire company. Fire Captain is also responsible for the training and supervision of personnel on an assigned shift.

**ILLUSTRATIVE DUTIES:**

All Functional Areas - Directs the overall activities of the fire station while on shift to which assigned; Establishes goals, objectives and priorities for a fire station; Conducts performance management of assigned subordinate personnel, and recommends disciplinary action and commendation to the Chain of Command; Identifies deficient skills among subordinates, and plans and implements remedial training; Serves as a coach and mentor in the professional development of subordinates including volunteers; Participates in the physical fitness program and maintains a level of physical fitness and must pass an annual physical fitness agility test; Participates in all required training and maintains all professional certifications to ensure operational readiness at all times; Assists as requested with budgetary information for the assigned area; When on shift attends weekly training, staff, officers, and committee meetings, and disseminates information as appropriate; Maintains accurate records and prepares complete reports.

Inspects the work location and all equipment for compliance with county, state, and federal safety regulations, and takes initial action to alleviate discrepancies; Plans and participates in public relations programs (e.g., observance of Fire Prevention Week) that meet community needs; Ensures that training and certifications of assigned subordinate personnel are maintained and current. Assumes command at the scene of an incident until relieved by a higher-ranking officer. Sizes up fire, EMS, or rescue emergencies and determines the necessity for additional firefighting companies, EMS units, or specialized rescue units (e.g., Technical Rescue or Hazardous Materials), as well as the proper course of action to effectively abate the emergency; Investigates complaints and recommends disciplinary action as necessary.

Makes decisions and directs subordinates as to the best method for combating fires and coping with other emergency situations; Manages the fire and rescue station's resources and maintenance needs; As approved requisitions and receives equipment and supplies; Plans and executes the work assignments of a specific shift; Arranges and conducts station tours, public relations events, and demonstrations; Participates in fire suppression and rescue activities; Schedules and documents fire pre plan inspection activities; Determines station priority areas and schedules associated projects; Develops and maintains policy and procedures for an assigned station; Acts as primary liaison between support personnel related to station affairs, to include volunteers (if applicable).

**ADDITIONAL REQUIREMENTS:** US Citizens or aliens who can prove identity and work eligibility to work in the United States. Must be 21 Years of age and older. Must possess a High School Diploma or G.E.D. Ability to read and write the English language and is skilled in communicating and understanding written and oral instructions. Possess a Valid North Carolina Class "B" Operators license with a clear driving record for the past three (3) years. Applicants is subjected to extensive background investigation and must successfully complete the physical agility test, oral interviews with chief officers, drug screen, medical physical, psychological evaluation.

Must have the ability to take effective action in emergency situations, exhibiting emotional stability and courage to perform hazardous fire fighting duties under stress. Get along well with the public. Must maintain good working relationship with volunteers, co-workers and with other departments and agencies in the area. Must exhibit commitment to be a responsible steward of the public trust, to strive for excellence in public service and to enhance the quality of life for all.

# STONEY POINT FIRE DEPARTMENT

## *Application for Membership & Employment*

(Version – July 2012)

1<sup>st</sup> Meeting \_\_\_\_\_ 2<sup>nd</sup> Meeting \_\_\_\_\_ 3<sup>rd</sup> Meeting \_\_\_\_\_ 4<sup>th</sup> Meeting \_\_\_\_\_

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR SPFD EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

STONEY POINT EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR SPFD EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

#### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.
- ATTACH A CERTIFIED LOCAL RECORDS CHECK FROM YOUR COUNTY OF RESIDENCE – IF YOU HAVE RESIDED IN NC LESS THEN TWO (2) YEARS ATTACH A CERTIFIED LOCAL RECORDS CHECK FROM YOUR LAST STATE/COUNTY OF RESIDENCE. OR BOTH.

THANK YOU FOR YOUR INTEREST IN PUBLIC SERVICE. THE STONEY POINT FD WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR COMMUNITY & CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED OR ACCEPTED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### Equal Opportunity Information

Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in some fire department jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p style="text-align: center;"><b>Date of Birth</b></p> <p style="text-align: center;">_____ (Month) (Day) (Year)</p> <p style="text-align: center;"><b>Gender</b></p> <p style="text-align: center;"><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>	<p><b>DISABILITY:</b> "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a <b>disability is strictly VOLUNTARY</b>. Persons with disabilities who <b>DO NOT WISH</b> to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of NC G.S. 126-27.</p>			
<p><b>ETHNIC GROUP</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> White (non-Hispanic)</li> <li>2. <input type="checkbox"/> Black (non-Hispanic)</li> <li>3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</li> <li>4. <input type="checkbox"/> Asian (including Pacific Islander)</li> <li>5. <input type="checkbox"/> American Indian (including Alaskan native)</li> </ol>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p> </td> <td style="width: 33%;"></td> </tr> </table>	<p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss of limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p>	
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**APPLICATION FOR MEMBERSHIP & EMPLOYMENT** **STONEY POINT FIRE DEPARTMENT** Date of Application

Last 4 digits of Social Security No.	Last Name	First Name	Middle Name
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Address (Street number and name)	City	County
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State	Zip Code	Phone (Home or where you can be reached)	Business Phone
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<b>Availability</b>	Do you now work for the SPFD? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you related by blood or marriage to any person now working for the SPFD <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.	SPFD is an at-will employment entity in which all full/part time FF/EMT applicants must sign an acknowledgement of conditional employment conditions.(Attached)
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**Military Service**  
 Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  YES  NO  
 Do you wish to declare a service-connected disability?  YES  NO  
 If you have served in the United States Armed Forces please provide the following information.  
 Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Are you a member of the Military Reserves?  YES  NO Branch: \_\_\_\_\_ Rank: \_\_\_\_\_  
List Reserve Unit & Address:

CHECK the types of work you will accept:  1.Vol. Firefighter/EMT  2. Volunteer Auxiliary  3. Volunteer Support  4. Board of Director  
 5. Full Time FF/EMT  6. Part Time FF/EMT  7. Junior Firefighter's Program

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) \_\_\_\_\_

If accepted as a volunteer, full or part time, can you furnish proof you are eligible to work in the United States: Yes  No   
 If applying for a full time position are you willing to work 24 hour shift work: Yes  No

Volunteer Firefighter / EMT positions require minimum overnight stays at either SPFD Station. Are you willing to participate in overnight duty shifts: Yes  No

**Referral Source**  
 Please indicate your referral source: \_\_\_\_\_  
 (Walk In, friend, paper, call in etc)

**Education**  
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):  
 \_\_\_\_\_  
 \_\_\_\_\_

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:  
 \_\_\_\_\_  
 \_\_\_\_\_

Current professional status: (List fields of work for which you have been registered)  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (list): _____ _____	<b>DO NOT COMPLETE THIS BLOCK</b> DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:
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**Licenses and certifications (List, giving dates and sources of issuance):**

**SKILLS**  
 CHECK the following skills, experiences, etc., which you have:

<input type="checkbox"/> Driver's License	Number _____ State _____	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Legal transcription
<input type="checkbox"/> Chauffeur's License	Number _____ State _____	<input type="checkbox"/> Foreign language (specify) _____	<input type="checkbox"/> Medical transcription
<input type="checkbox"/> Car for use at work		<input type="checkbox"/> Adding Machine/calculator	<input type="checkbox"/> Braille
		<input type="checkbox"/> Typing (specify WPM) _____	<input type="checkbox"/> Word Processing
		<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____	<input type="checkbox"/> Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  YES  NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY** (include volunteer experience) Use Additional Sheets if Necessary (**Salary Information is not required for Volunteer Positions**)

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months				
Part Time      Years      Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: NC G.S. 126-30, G.S. 14-122.1.)

\_\_\_\_\_  
 Signature of Applicant (unsigned applications will not be processed) \_\_\_\_\_  
 Date