

**Tri-Lakes Monument  
FIRE PROTECTION DISTRICT**



**IOS Recruitment**

Office: (800) 343-HIRE

Email: [recruitment@iosolutions.com](mailto:recruitment@iosolutions.com)

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An Equal Opportunity Employer

**Job Announcement**

**POSITION TITLE:** Firefighter/Paramedic  
**EMPLOYMENT STATUS:** At-Will  
**FLSA STATUS:** Non-Exempt  
**HOURS:** Full-Time (48/96 hour shifts)  
**SALARY:** \$60,496 - \$74,848 (year 5) plus FLSA overtime, if applicable  
See 2018 wage schedule at [iosolutions.com](http://iosolutions.com)

The Tri-Lakes Monument Fire Protection District is seeking applicants for the position of **Full Time Firefighter/Paramedic**. A copy of the current Position Description, including all qualifications for this position, is available at [iosolutions.com](http://iosolutions.com). This position is "at-will," meaning the District or the employee may terminate the employment relationship at any time and for any reason. Successful submission of an application is not a binding contract or employment agreement. Candidate will be required to attend Fire Academy.

**Benefits:**

- \* Health Insurance (4% Employee Contribution)
- \* Medical and Dental
- \* Paid time off (Vacation, Sick, Holiday, Personal Leave)
- \* Fire Police Pension Association
- \* Accidental Death and Dismemberment Insurance
- \* Supplemental Insurance
- \* Employee Assistance Program

**Minimum qualifications:**

- Possess a valid driver's license (must obtain a valid CO driver's license within three (3) months of hire)
- High School Diploma or equivalent
- State of Colorado Paramedic or National Registry Paramedic
- Current CPR card
- Current Pediatric Advanced Life Support (PALS) certification – American Heart Association (AHA)
- Current Advanced Cardiac Life Support (ACLS) certification – American Heart Association (AHA)
- Current Candidate Physical Ability Test (CPAT) certificate (must also be valid at time of hire)

**Applicants will be required to take the following examinations and interviews:**

- Application/Resume Review
- Written Examination
- Medical Skills Assessment
- Oral Board & Panel Interview

**Candidate Physical Ability Test (CPAT)**

**What is the CPAT?** This candidate physical ability test (CPAT) consists of eight separate events that require you to progress along a predetermined path from event to event in a continuous manner. This test was developed to allow fire departments to obtain pools of trainable candidates who are physically able to perform essential job tasks at fire scenes. For more information on the CPAT, applicants can visit the IAFF's CPAT information page at [http://www.iaff.org/hs/CPAT/cpat\\_index.html](http://www.iaff.org/hs/CPAT/cpat_index.html)

If you do not have a current CPAT certificate, it may not be too late. The District accepts CPAT certificates from any testing organization licensed through the IAFF. Below are a few local testing organizations:

- Aims Community College: <http://www.aims.edu/academics/fire-science/cpat/>
- Pikes Peak Community College: <http://www.ppcc.edu/cpat/>

### Written Exam

Saturday, October 6, 2018. Tentative time: 0700. Location TBD

### Oral Board & Panel Interview

Applicants that are accepted into the testing process will complete an EMS medical and trauma skills assessment. The EMS skills assessment will include complete medical and trauma scenarios.

Applicants that are accepted into the hiring process will be invited to an oral board panel interview.

Based upon the results of the above mentioned examinations, the Fire District may extend an offer of full time employment to an applicant that is expressly conditional.

### Hiring Packet & Required Documentation

#### Application Process:

- Purchase and complete online application found at: [www.recruitment.iosolutions.com](http://www.recruitment.iosolutions.com) (\$25 application fee)
- Email or Mail/Ship all required documents (see checklist) to:
  - Email: Scan all required documents into one PDF file, making sure all documents are clear and easy to read. Attach to an email and send to [recruitment@iosolutions.com](mailto:recruitment@iosolutions.com). Please include your first and last name in the subject line.
  - Mail/Ship: IOS Recruitment, 1520 Kensington Rd., Ste. 110, Oak Brook, IL 60523
- Online application and required documents must be received by IOS Recruitment **no later than Friday, September 14, 2018 at 2:00 p.m. (MST)**

These dates are tentative and will be confirmed after the closing date of the application period:

- Written Examination: Saturday, October 6, 2018
- Medical Skills Assessment: Week of October 22<sup>nd</sup>
- Oral Boards: Week of November 5, 2018

### Questions?

Questions regarding the hiring process can be directed to IOS Recruitment at (800) 343-HIRE or by email at [recruitment@iosolutions.com](mailto:recruitment@iosolutions.com)

# IOS - Recruitment and Testing Services

## Tri-Lakes Monument FPD –Firefighter/Paramedic Application Checklist

**APPLICATION DOCUMENTS - DUE SEPTEMBER 14, 2018 AT 2:00 PM (MST)**

Application Confirmed Online                      WRITE CONFIRMATION NUMBER HERE: \_\_\_\_\_

Consent and Release Agreement (2 pages) – must be signed and dated by applicant.

Cover Letter and Resume

COPY of High School Diploma

If you do not have a copy of your high school diploma, please submit a copy of your high school transcripts (showing graduation date) or a signed letter on school letterhead with your name and date of graduation.

COPY of Valid Driver's License (CO driver's license within 3 months of hire)

Include copy of both sides if license bears renewal sticker.

COPY of Birth Record as Proof of Citizenship

The following documents are accepted as proof of citizenship:

- COPY of U.S. COUNTY-/STATE-ISSUED BIRTH RECORD
- COPY of VALID U.S. PASSPORT
- COPY of NATURALIZATION PAPERS
- COPY of SOCIAL SECURITY CARD

Hospital-issued birth certificates are not verifiable, and therefore cannot be accepted.

COPY of State of Colorado Paramedic or National Registry Paramedic certification

COPY of Current CPR Certification (must be Healthcare provider level, AHA)

COPY of Current Advanced Cardiac Life Support (ACLS) certification (AHA)

COPY of Current Pediatric Advanced Life Support (PALS) certification (AHA)

COPY of VALID CPAT

CPAT must be issued by a licensed agency and dated between 9/14/2017 – 9/14/2018

Must also be current at time of hire

COPY of all other Certifications

Please complete **online application** and deliver **release form** and **all required documents** to the address below by **September 14, 2018 at 2:00 p.m. (MST)**

**IOS Recruitment**

**ATTN: Tri-Lakes Monument FPD**

**1520 Kensington Rd. Ste. 110**

**Oak Brook, IL 60523**

**[recruitment@iosolutions.com](mailto:recruitment@iosolutions.com)**

Please be sure to carefully review checklist and application instructions before submission. Incorrect, missing, or otherwise incomplete applications will be cause for disqualification. IOS Recruitment is not responsible for late, misdirected or incomplete applications. Contact IOS Recruitment before the application deadline with any questions regarding the application, required documents or testing.



## *IOS - Recruitment and Testing Services*



### *Consent and Release Agreement*

#### **CONSENT AND RELEASE FOR JOB APPLICATION, BACKGROUND CHECK AND PHYSICAL ABILITY ASSESSMENT**

##### Application and Background Check

I acknowledge that as a condition of being considered for employment with Tri-Lakes Monument Fire Department ("Employer"), or of my continued employment at Employer, it is required that I consent to an investigation of my background. I hereby authorize Employer and its representative, IOS Recruitment ("IOS Recruitment"), to conduct certain background investigations which may include, but are not limited to, my employment history and references, criminal history, driving records, personal references, verifications of academic credentials and licenses, social media and all publicly accessible content on the internet, military history, and credit and consumer reports, as permitted under the federal Fair Credit Reporting Act ("FCRA") and local or state credit privacy laws if applicable. If requested by Employer or IOS Recruitment, I hereby consent to participate in a personal interview, testing process, polygraph examination, and/or post-offer psychological evaluation.

All information obtained by Employer or IOS Recruitment pursuant to this background check shall be confidential and safeguarded against disclosure to all unauthorized persons. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this consent, from liability that might result from the request for, use of, and/or disclosure of any background information, as described above. I further release and hold harmless Employer and IOS Recruitment, and their respective designees, personnel and affiliated companies, from any liability resulting from or in connection with, the results of this background investigation concerning my fitness for employment or continued employment at Potential Employer.

I hereby consent to this background information investigation by Employer or IOS Recruitment. I understand that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, in accordance with the requirements of the FCRA.

##### Conduct and Communications

I acknowledge that my conduct throughout the application and testing process and my compliance with the rules of the application process constitute information that can be considered and evaluated by hiring agencies (Employers). I consent that all interactions and communications that occur between myself and IOS Recruitment or Employer pursuant to this application process may be documented and/or communicated to any and all hiring authorities to which I am seeking employment.



## IOS - Recruitment and Testing Services



### Consent and Release Agreement

#### Physical Ability Tests

I further acknowledge that as a condition of being considered for employment with Employer, or of my continued employment at Employer, I may be required to participate in a physical ability test, which may test my physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, testing officials, and/or testing monitors; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in any physical ability test.

I certify that I am physically fit, have sufficiently trained for participation in this physical ability test, and have not been advised otherwise by a qualified medical person.

By signing below, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the physical ability test and/or while traveling to and from this physical ability test, Employer and IOS Recruitment, and their directors, officers, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities, damages (including attorney fees and costs) or claims made by other individuals or entities as a result of my participation in this physical ability test.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any physical ability test.

I understand that during a physical ability test I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Employer and/or IOS Recruitment.

This document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

**I hereby certify that I have read this document and I understand its content.**

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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