



CITY OF NEW HAVEN
Department Of Fire Service
Office of the Chief



John DeStefano, Jr. Mayor
Michael E. Grant,
Chief

Website www.cityofnewhaven.com

952 Grand Avenue
P.O. Box 374
(203) 946-6222
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*****DEADLINE EXTENDED*****

& Revision to Requirements

FIREFIGHTER RECRUITMENT – 2009

APPLICATION PACKET

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NEW HAVEN IT ALL HAPPENS HERE

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July 13, 2009

Dear Applicant:

Congratulations! By completing all the necessary forms contained in this special application packet, you are taking the first step toward becoming a member of the New Haven Department of Fire Service. To reach the goal of becoming a firefighter, applicants must successfully complete a number of steps and all the information needed to complete those steps is contained in this packet.

The mission of the New Haven Fire Department is to contribute within appropriate authority for the maintenance and improvement of the quality of life in the City of New Haven, accomplished through providing fire suppression; fire prevention; emergency medical service and rescue; emergency communications, special services and emergency management as well as effective training for and administration of these activities.

We are seeking committed individuals to assist us in fulfilling our responsibilities to the citizens of New Haven, and we hope you will join us. On behalf of the City New Haven, I extend my best wishes to you as you begin this endeavor. Your hard work and perseverance will be richly rewarded should you be selected to serve the public as a member of the New Haven Fire Department.

Very truly yours,

Michael E. Grant
Chief of the Department

NEW HAVEN IT ALL HAPPENS HERE

John DeStefano, Jr., Mayor

CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
200 ORANGE STREET, NEW HAVEN, CT 06510
www.cityofnewhaven.com

POSTED: JULY 13, 2009
EXTENDED REMOVAL DATE: AUGUST 7, 2009

POSITION: FIREFIGHTER (M-702) (TESTED)
DEPARTMENT: FIRE SERVICE
SALARY: \$35,342 ANNUALLY
HOURS: 40 HOURS PER WEEK
FUNDING: GENERAL FUNDS

*This position is subject to a **NON-REFUNDABLE** \$50.00 Application Fee (**Money Order Only**) made payable to "TREASURER, CITY OF NEW HAVEN"*

This position is subject to background check, medical and drug testing upon conditional offer of employment.

TO APPLY: Follow all instructions provided in this Application Packet to complete and submit your application.

Completed applications and a non-refundable \$50.00 City of New Haven application fee **MUST** be submitted to the New Haven Department of Human Resources and **MUST** be received/postmarked **no later than FRIDAY, AUGUST 7, 2009 by 5 p.m.** Application fee waiver available for applicants meeting financial hardship guidelines. See Fee Waiver Affidavit provided in this packet.

COMPLETED APPLICATIONS ACCEPTED ONLY AT NEW HAVEN DEPARTMENT of HUMAN RESOURCES
200 ORANGE STREET, ROOM 102, NEW HAVEN, CT 06510

****REVISED**** - **MINIMUM REQUIREMENTS TO APPLY:** (Please Note Clarifications to Requirements)

- You must possess a valid, non-expired State of CT Paramedic License and possess Medical Authorization from New Haven Sponsor Hospital Program supported by a letter from New Haven Sponsor Hospital Program confirming that medical authorization is in good standing;
- **OR** -
- You must possess a valid, non-expired National Registry of EMTs Paramedic card;
- You must have the ability to obtain Medical Authorization from New Haven Sponsor Hospital Program as a condition of employment.

 **YOU MUST ALSO MEET ALL OF THE FOLLOWING REQUIREMENTS, EXCEPT WHERE NOTED:**

- You must have a valid CPAT Certificate dated no earlier than August 1, 2008. You must attach a copy of your CPAT Certificate when you submit the employment application.
- *** If you don't already have a valid CPAT Certificate, you must register to take the CPAT by the deadline of August 7, 2009. Please note that there is an additional \$150 fee to register for the CPAT payable directly to the State of CT Fire Academy. See CPAT Registration form included in this packet. Fee waiver available from the City of New Haven for applicants meeting financial hardship guidelines. See Fee Waiver Affidavit provided in this packet.**

- You must be at least 18 years of age
- You must have completed high school or obtained a GED
- You must have a valid, non-expired Cardio Pulmonary Resuscitation (CPR) certification card.
- You must have a valid, non-expired Advanced Cardiac Life Support (ACLS) certification card.
- You must have a valid, non-expired Pediatric Advance Life Support (PALS) certification card.
- You must have a valid, non-expired Pediatric Education for Pre-Hospital Providers (PEPP) certification card, or have the ability to obtain (PEPP) certification card as a condition of obtaining Medical Authorization from New Haven Sponsor Hospital Program.

For information on obtaining Medical Authorization from New Haven Sponsor Hospital Program visit www.sponsorhospital.org, click on the Policies link then click on the Medical Authorization Policy link.

SPECIAL REQUIREMENTS:

Candidates for this classification must be able to meet established educational, physical and medical requirements. Additionally, one must obtain and maintain appropriate State of Connecticut, Department of Motor Vehicle driver's license as required by nature of assignment.

Position included in collective bargaining agreement with Local 825, International Association of Firefighters, AFL-CIO. As condition of continued employment, membership required at the completion of 90 working days.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Immigration Reform and Control Act of 1986 require the hiring of only American Citizens and aliens who are authorized to work in the United States. Please post this announcement in a conspicuous area on the Department Bulletin Board.

STEPS FOR COMPLETING THE APPLICATION

The following are necessary steps to apply to the current recruitment for the position of Firefighter:

1. Make sure that you meet all minimum requirements per job announcement included in this Application Packet.
2. Locate the **City of New Haven Application for Employment Form** included in this packet. Fill it out completely and sign it.
3. *****REVISED**** Locate the **Minimum Requirements Affidavit** and **Affidavit Attesting to Licensure & Medical Authorization** forms included in this packet. By completing both of these forms you are verifying that you meet each one of the minimum requirements for application. Fill it out completely, sign the form and attach it to the employment application.
Please Note: Although we are not asking you to provide copies of documents proving your age, high school completion and paramedic related certifications at the time of your application, we will be requiring you to furnish copies of these documents later on in our process. If it is later discovered that you falsely reported on the affidavit form that you meet the minimum requirements, you will be eliminated from the process, including removal from the resulting civil service eligibility list.
4. Attach a copy of your CPAT certificate to your employment application. The date your CPAT certificate was issued must be ***no earlier than August 1 2008*** in order to be valid. If you do not have a valid CPAT certificate, ***you must follow all additional instructions in Step 9 below.***
5. Locate the **City of New Haven Application Fee Form** (Blue Sheet) included in this packet. Fill it out completely, and attach it to your employment application along with a money order in the amount of \$50. Please note this fee is **NON-REFUNDABLE** regardless of whether you complete all phases of the process.

The \$50 application fee must be in the form of a money order made payable to “Treasurer, City of New Haven.” No checks, of any kind, accepted. Cash, Credit/Debit cards not accepted.

If you are claiming a financial hardship that prevents you from paying the application fee, ***you must follow all instructions in Step 6.*** If you are not claiming a financial hardship, ***skip to Step 7.***

6. If you cannot pay the City of New Haven application fee due to financial hardship, locate the **Fee Waiver Affidavit** (Green Sheet) included in this packet. Read the affidavit carefully to determine if you are eligible to request waiver of the application fee. If you meet the eligibility guidelines, complete the affidavit, sign it and attach it to your employment application. If you do not meet the eligibility guidelines, then you are not eligible to request the waiver and **you must pay the application fee.**
7. Locate the **Voluntary Survey Form**, (Yellow Sheet), included in this packet. Complete the form and attach it to your completed application. The information requested in this form is voluntary, but extremely helpful to us in evaluating our recruitment efforts.
8. Return your completed application as directed on the next page of this packet, which is the sheet titled **Instructions for Submitting Application**. Make sure to follow all instructions on the sheet.

****Complete the following step only if you do not have a valid CPAT certificate:**

9. You must apply directly to the State of CT Fire Academy to take the CPAT (physical ability test). Locate the **Candidate Physical Ability Test - CPAT Form** included in this packet. Follow all instructions on the form. Submit form and \$150 payment directly to the CT Fire Academy as instructed on the form. **YOUR APPLICATION MUST BE RECEIVED AT THE CT FIRE ACADEMY NO LATER THAN CLOSE OF BUSINESS ON AUGUST 7, 2009.**

Please Note: Failure to file your CPAT Form as instructed will disqualify you from the City of New Haven Firefighter recruitment process. Further information on CPAT can be obtained at www.ct.gov/cfpc or by calling 1-860-627-6363.

10. If you cannot pay the \$150 CPAT fee due to financial hardship, complete the appropriate section on the **Fee Waiver**

STEPS FOR COMPLETING THE APPLICATION (Continued)

Affidavit (Yellow Sheet) referred to in *Step 6* above. You may use the **Fee Waiver Affidavit** to request a waiver of the application fee and the CPAT fee. Read the affidavit carefully to determine if you are eligible to request waiver of the CPAT fee. If you meet the eligibility guidelines, complete the affidavit, sign it and attach it to your employment application. On the **Candidate Physical Ability Test - CPAT Form** write: “*New Haven Fee Waiver*” on the line marked Purchase Order # on the right-hand side of the **Candidate Physical Ability Test - CPAT Form**. Submit the **Candidate Physical Ability Test - CPAT Form** as instructed in *Step 9* above.

Please Note: If you do not meet the eligibility guidelines, then you are not eligible to request the waiver and you must pay the CPAT fee.

Complete the following step **only if requesting a disability related accommodation:

11. To request a disability related accommodation in the Civil Service Exam process, complete the form located in the Forms Section of this Application Packet titled “**Applicant ADA Testing Accommodation Request Form.**” Do not attach it to your employment application! However, make sure to follow all instruction on the form to submit your disability accommodation request.

INSTRUCTIONS FOR SUBMITTING APPLICATION

Completed employment applications must be submitted no later than Friday, August 7, 2009 to:

**Department of Human Resources
200 Orange Street – Room #102
New Haven, CT 06510**

You may submit your application by one of the two methods listed below:

In Person (Preferred)

- **Hand-deliver your application no later than 5:00 pm Friday, August 7, 2009.**
Directions to New Haven Department of Human Resources appear on the back side of this sheet.

By Mail (Fed-Ex, UPS or US Postal)

- **Must be postmarked or received by the New Haven Department of Human Resources no later than Friday, August 7, 2009. Envelope must be clearly marked: “Firefighter Application,” and marked to the attention of Noelia Marcano, Personnel Director.**

Application packets with incomplete forms or missing the application fee (*unless applying for a fee waiver*) will be regarded as incomplete and will be rejected.

We strongly urge you to hand-deliver your application packet in person so that Human Resources Department staff can review your packet with you to ensure it is complete. Human Resources Department staff will be available to receive and review your application packet **starting Monday, July 13, 2009** during the following hours:

Monday - Friday, 9:00 am – 5:00 pm

We must receive your application NO LATER than 5:00 p.m. on Friday, August 7, 2009.

INCOMPLETE OR LATE APPLICATIONS WILL BE REJECTED

Applicants who submit a completed application and meet all minimum requirements will be mailed an invitation to the Written Exam. For details on the Written Exam, please refer to the sheet titled “**Civil Service Exam Process**,” included in this Application Packet.

DO NOT SUBMIT YOUR CPAT APPLICATION TO THE HUMAN RESOURCES DEPARTMENT. CPAT APPLICATIONS MUST BE SUBMITTED DIRECTLY TO THE CT FIRE ACADEMY BY THE DEADLINE OF AUGUST 7, 2009 AT THE ADDRESS SHOWN ON THE CANDIDATE PHYSICAL ABILITY TEST - CPAT FORM INCLUDED IN THIS PACKET

DIRECTIONS TO NEW HAVEN DEPARTMENT OF HUMAN RESOURCES
Hall of Records Building
200 Orange Street – Room #102
New Haven, CT 06510

From Points North:

I-91 South to Exit 3 Trumbull Street.

At end of exit ramp, turn left onto Orange Street.

Continue on Orange Street across intersection of Orange Street and Elm Street.

The Hall of Records Building is located on the right hand side of the street.

From Points South:

I-95 North.

In New Haven, merge onto CT-34 W via EXIT 47 on the LEFT toward DOWNTOWN NEW HAVEN. Stay on the right-hand lane.

Take EXIT 1 toward DOWNTOWN NEW HAVEN.

Continue on exit ramp to the corner of Church Street.

Continue on Church Street to the intersection of Church Street and Elm Street.

Turn right onto Elm Street.

Continue on Elm Street to intersection of Elm Street and Orange Street.

Turn right onto Orange Street.

The Hall of Records Building is located on the right hand side of the street.

INFORMATION ON THE CIVIL SERVICE EXAM PROCESS

The exam process will follow the phases listed below. Applicants must meet all minimum requirements in order to participate in the process. **There are no make-updates, and there is no rescheduling for any of these exams.**

1. Physical Ability Exam

****This information is only for applicants who do not have a valid CPAT certificate at the time of filing the application for employment for the position of Firefighter with the City of New Haven.*

The CT Fire Academy will be conducting the physical ability testing and will communicate with applicants directly. After completing and submitting your **Candidate Physical Ability Test - CPAT Form** directly to the CT Fire Academy, you will be sent an orientation packet, which will include orientation, practice test and CPAT dates and times. You will be responsible for following all instructions issued to you by the CT Fire Academy related to the CPAT. Failure to follow CT Fire Academy instructions regarding the CAPT process will disqualify you from the City of New Haven Firefighter recruitment process. Further information on CPAT can be found at www.ct.gov/cfpc or by calling 1-860-627-6363.

2. *REVISED** Written Exam**

Tentatively – month of September, 2009

Applicants who submit a completed application and meet all minimum requirements will be mailed an invitation to the Written Exam. The invitation will contain the date, time and location of the exam. **The date for the written exam is yet to be confirmed. The actual test date will be confirmed in writing and mailed to you at least two weeks before the exam date. You will be required to present for testing on the date and time assigned.**

3. *REVISED** Oral Exam**

Tentatively – month of October, 2009

Candidates who pass the written exam will be notified by mail to attend the oral exam. The notice will contain instructions on scheduling an appointment time as well as information on the location. You will be required to follow all instructions in the notice. **The dates for the oral exam are yet to be confirmed. We will confirm the oral exam date(s) through a separate communication to candidates well in advance of the oral exam. Please note that only qualified candidates will be mailed an actual invitation to the oral exam. The invitation will contain instructions on scheduling the exam appointment. Candidates will be required to present for testing on the scheduled date and time assigned.**

NEW HAVEN FIRE DEPARTMENT

RECRUITMENT, TESTING & SELECTION PROCESS TIMELINE - 2009

The following outlines the steps in the various phases in the process of becoming a firefighter. This is a general overview and the Department reserves the right to make changes accordingly, if necessary.

- 1. July 13 – August 7, 2009: Employment Application Submission to City of New Haven**
Submit application following all required instructions. See “**Steps for Completing Application**” and “**Instructions for Submitting Application**” contained in this packet.
- 2. July 13 – August 7, 2009: CPAT Application Submission to the CT Fire Academy** *** For applicants who do not submit a valid CPAT Certificate at time of employment application.*
The CT Fire Academy will be conducting physical ability testing and will communicate with you directly. After submitting your CPAT registration form directly to the CT Fire Academy, you will be sent an orientation packet, which will include orientation, practice test and CPAT dates and times. You will be responsible for following all instructions issued to you by the CT Fire Academy. Failure to follow CT Fire Academy instructions regarding the CAPT process will disqualify you from the City of New Haven Firefighter recruitment process. Further information on CPAT can be found at www.ct.gov/cfpc or by calling 1-860-627-6363.
- 3. ****REVISED*** month of September, 2009 (Tentative): Written Exam**
Pass the Written Exam. See “**Information on the Civil Service Exam Process**” contained in this Application Packet.
- 4. ****REVISED*** month of October, 2009 (Tentative): Oral Exam**
Pass the Oral Exam. See “**Information on the Civil Service Exam Process**” contained in this Application Packet.
- 5. Physical Ability Exam** *** For applicants who do not submit a valid CPAT Certificate at time of employment application.*
Pass the Physical Ability Exam. The CT Fire Academy will be conducting physical ability testing and will communicate with you directly. You will be responsible for following all instructions issued to you by the CT Fire Academy related to the orientations, practice tests and the CPAT as instructed in the packet sent to you by the CT Fire Academy. Failure to follow CT Fire Academy instructions regarding the CAPT process will disqualify you from the City of New Haven Firefighter recruitment process. Further information on CPAT can be found at www.ct.gov/cfpc or by calling 1-860-627-6363.
- 6. ****REVISED*** End of October – early November, 2009: Certification of Results**
Final results will be certified by the Civil Service Board establishing the official employment list for the position of Firefighter. This list is also known as the Civil Service Eligibility List. All candidates, who pass all phases of the Civil Service testing process, will appear on the Eligibility List ranked by order of final score.
- 7. Conditional Job Offers Issued**
Candidates in the highest ranks on the Eligibility List will be extended a conditional offer of employment by the Board of Fire Commissioners through a special packet that will be mailed out shortly after the list is certified. The special packet will contain important instructions and background documents that must be completed and returned to the New Haven Department of Human Resources.
- 8. Conditional Job Offer Activities Begin**
Specific activities and examinations occur after conditional offers of employment are extended. They include:

**NEW HAVEN FIRE DEPARTMENT
RECRUITMENT, TESTING & SELECTION PROCESS TIMELINE – 2009 (Continued)**

- Extensive Background Check;
- Comprehensive Medical Examination, including a drug test for controlled substances;

Candidates must succeed in each phase in order to continue.

9. Start of Fire Academy Classes

The Board of Fire Commissioners will appoint candidates to begin training at the New Haven Fire Academy.

APPLICATION CHECKLIST

Use the following checklist to help you in completing your application for submission. Listed below are all of the steps required to complete your application. Check each item to ensure that your application is COMPLETE.

Step 1 **City Of New Haven Employment Application**

- Did I fill it out completely? *(If no, your application is not complete)*
- Did I sign and date it across the bottom? *(If no, your application is not complete)*

NOTE: If mailing in your application, tear off the pink copy of the Employment Application Form to retain for your records. If submitting your application in person (preferred method), pink copy will be handed back to you once it is date stamped as proof of your application. If mailing in the On-Line version of the application packet printed from the City's website, you should make a photocopy to keep for your records. Remember, all applications must be RECEIVED/POSTMARKED by the deadline date.

Step 2 ^{***REVISED**} **Minimum Requirements Affidavit Form – AND – Medical Authorization Affidavit Form**

- Did I attach a completed and signed affidavit form verifying that I meet the minimum requirements? *(If no, your application is not complete)*
- Did I attach a completed and signed affidavit form verifying that I have medical authorization in New Haven; or that I have a valid, non-expired National Registry of EMTs Paramedic card and the ability to obtain medical authorization in New Haven? *(If no, your application is not complete)*
- If mailing my application, did I have **BOTH** affidavit forms signed and stamped by a Notary Public? *(If no, your application is not complete)*

Step 3 **CPAT Certificate**

- Did I attach a photocopy of my CPAT certificate? *(If no, your application is not complete. You must attach a valid CPAT certificate or register directly to the CT Fire Academy to take CPAT) See Step 8 below*
- Is the date that my CPAT certificate was issued earlier than August 1, 2008? *(If yes, your CPAT certificate is not valid. You must register directly to the CT Fire Academy to take CPAT) See Step 8 below*

Step 4 **Payment of \$50.00 Application Fee (Blue Sheet)**

- Did I attach the **Application Fee Form** together with a money order for fifty dollars (\$50.00) made payable to "Treasurer, City of New Haven?" *(If no, your application is not complete, unless applying for Waiver of Fee)*

Step 5 **Do I have a financial hardship that allows waiving my application fee?** *(If no you must pay the \$50 application fee)*

I do have a financial hardship. Now what do I do?

- Did I fill out **Fee Waiver Affidavit** (Green Sheet) and attach to my completed application? *(If no, your request to waive the fee is not complete)*

Step 6 **Voluntary Survey Form (Yellow Sheet)**

- Did I supply the information requested?

Step 7 **Submit the Application Packet**

- Did I submit my application and required forms to **City of New Haven Department of Human Resources, 200 Orange Street – Room #102, New Haven, CT 06510** no later than 5:00 pm on Friday, August 7, 2009? *(If no, you have not properly filed your application)*

**Complete the following step only if you do not have a valid CPAT certificate:

Step 8 **I do not have a valid CPAT certificate. Now what?**

- Did I complete the **Candidate Physical Ability Test - CPAT Form** and submit it with the \$150 CPAT Fee to the CT Fire Academy by the deadline of Friday, August 7, 2009 to take the CPAT? *(If no, you will be disqualified from the City of New Haven Firefighter recruitment process)*

Do have a financial hardship that prevents me from paying CPAT fee?

- If yes, did I fill out **Fee Waiver Affidavit** (Green Sheet) and attach to my completed City of New Haven employment application? (*If no, your request to waive the fee is not complete*)

**Complete the following step only if requesting a disability related accommodation:

Step 9 **Do I need a disability-related accommodation in the Civil Service Exam process?**

- If yes, make sure to complete the ADA Accommodation Request Form and follow all instructions for submitting the form. **DO NOT ATTACH THIS FORM TO YOUR COMPLETED APPLICATION.**

FIREFIGHTER RECRUITMENT – 2009
APPLICATION PACKET

FORMS SECTION

- Minimum Requirements Affidavit Form
- Affidavit Attesting to Medical Control
- Application Fee Form (Blue Sheet)
- Fee Waiver Affidavit Form (Green Sheet)
- Voluntary Survey Form (Yellow Sheet)
- Candidate Physical Ability Test - CPAT Form
- ADA Testing Accommodation Request Form
- City of New Haven Employment Application Form

**MINIMUM REQUIREMENTS AFFIDAVIT
ATTESTING TO MY AGE, HIGH SCHOOL COMPLETION, DRIVER’S LICENSE, & JOB-RELATED
MEDICAL CERTIFICATIONS**

I, _____, by completing and signing this affidavit form do
(APPLICANT PRINT NAME HERE)

hereby attest that:

• I am 18 years of age or older as of the date of this affidavit;	_____ Yes _____ No
• I currently possess a high school diploma or GED certificate as of the date of this affidavit;	_____ Yes _____ No
• As of the date of this affidavit, I possess a valid, non-expired driver’s license;	_____ Yes _____ No
• As of the date of this affidavit, I possess a valid, non-expired Cardio Pulmonary Resuscitation (CPR) certification card;	_____ Yes _____ No
• As of the date of this affidavit, I possess a valid, non-expired Advanced Cardiac Life Support (ACLS) certification card;	_____ Yes _____ No
• As of the date of this affidavit, I possess a valid, non-expired Pediatric Advance Life Support (PALS) certification card;	_____ Yes _____ No
• As of the date of this affidavit, I possess a valid, non-expired Pediatric Education for Pre-Hospital Providers (PEPP) certification card; <i>*If you check No, you must check the next requirement</i>	_____ Yes _____ No
<i>*Check the following requirement <u>ONLY IF</u> you checked No to the PEPP certification above</i> • I do not currently possess a valid, non-expired Pediatric Education for Pre-Hospital Providers (PEPP) certification card, but I have the ability to obtain this certification.	_____ Yes _____ No

- 1) I understand that if I sign and submit this affidavit and it is later discovered during any part of the selection process for the position Firefighter that I do not meet any of the requirements stated above, I will be considered to have falsified information in my application for the position of Firefighter and I will be eliminated from the process.
- 2) I further understand that all the above are minimum requirements to apply for the position of Firefighter in this recruitment process, are conditions of employment, and that signing this affidavit does not release me from the requirement to produce valid copies of all of the items listed above when instructed to do so by the City of New Haven.
- 3) I understand that if I have indicated above that I do not currently possess a valid, non-expired Pediatric Education for Pre-Hospital Providers (PEPP) certification card, I must obtain this certification as a condition of obtaining medical authorization from New Haven Sponsor Hospital Program, and that obtaining medical authorization from New Haven Sponsor Hospital Program is a condition of employment.

(APPLICANT SIGNATURE HERE)

(DATE)

(WITNESS SIGNATURE HERE)

*(To be witnessed by HR Staff at time of application)***

**** IF YOU ARE MAILING IN YOUR APPLICATION, YOU MUST HAVE THIS
FORM WITNESSED AND STAMPED BY A NOTARY PUBLIC**

**AFFIDAVIT
ATTESTING TO PARAMEDIC LICENSURE & MEDICAL AUTHORIZATION**

I, _____, by completing and signing this affidavit form do
(APPLICANT PRINT NAME HERE)

hereby attest that:

Yes **No** As of the date of this affidavit, I possess a valid non-expired State of CT Paramedic License; AND I have Medical Authorization in good standing from New Haven Sponsor Hospital Program and I can provide a letter from New Haven Sponsor Hospital Program supporting this fact;

– OR –

Yes **No** As of the date of this affidavit, I possess a valid, non-expired National Registry of EMTs Paramedic card;
 Yes **No** As of the date of this affidavit, I have the ability to obtain Medical Authorization from New Haven Sponsor Hospital Program.

-
-
- 1) I understand that if I sign and submit this affidavit and it is later discovered during any part of the selection process for the position Firefighter that I was not accurate with the information that I indicated above, I will be considered to have falsified information in my application for the position of Firefighter and I will be eliminated from the process.
 - 2) I further understand that signing this affidavit does not release me from the requirement to produce valid copies of all the items I indicated above when instructed to do so by the City of New Haven.
 - 3) I further understand that possessing or obtaining a valid non-expired State of CT Paramedic License and Medical Authorization from New Haven Sponsor Hospital Program is a condition of employment for the position of Firefighter in this recruitment process.
 - 4) I further understand that it is my responsibility to possess or seek to obtain all requirements specified for the position of Firefighter in this recruitment process and that specifically, I can find information on obtaining medical authorization from New Haven Sponsor Hospital Program by reviewing the Medical Authorization Policy available at www.sponsorhospital.org

(APPLICANT SIGNATURE HERE)

(DATE)

(WITNESS SIGNATURE HERE)

*(To be witnessed by HR Staff at time of application)***

**** IF YOU ARE MAILING IN YOUR APPLICATION, YOU MUST HAVE THIS FORM WITNESSED AND STAMPED BY A NOTARY PUBLIC**

**USE THIS FORM TO PAY THE EMPLOYMENT
APPLICATION FEE**

**APPLICATION FEE FORM
FIREFIGHTER RECRUITMENT - 2009**

The New Haven Human Resources Department charges a fifty dollar (\$50) application fee to defray the cost of testing and processing firefighter applicants.

The amount (**money order only**) must be paid at the time the completed application is submitted. This application fee is **NON-REFUNDABLE** regardless of whether applicants are able to attend exams and/or complete all phases of testing and processing.

Payment of Application Fee:

On this date, _____, firefighter applicant _____
Date Name of Applicant (please print)

paid a **NON-REFUNDABLE** fifty dollar fee via **MONEY ORDER** as the application fee for the position of New Haven Firefighter.

Signature of Applicant

For Office Use Only:
HR Staff Receiving Payment Must Initial Here: _____

USE THIS FORM TO REQUEST WAIVER OF THE EMPLOYMENT APPLICATION FEE & CPAT FEE

FEE WAIVER AFFIDAVIT FORM

I, _____ certify by my signature below that I
(Print Name)

have reviewed the eligibility guidelines to qualify for a waiver of:
(Check the fee(s) for which you are seeking a waiver.)

- _____ \$50 Employment Application Fee for the position of Firefighter payable to the City of New Haven.
- _____ \$150 CPAT Fee payable to the Sate of CT Fire Academy.

I have reviewed the eligibility guidelines and I certify that I meet the guidelines based on the reason(s) I have checked-off below:
(Check all applicable reasons.)

- ___ 1. I am currently receiving public assistance from

(List municipal or state agency)
- ___ 2. I am currently receiving unemployment compensation benefits from the State of
_____.
- ___ 3. My total family income is below the current federal poverty guidelines as defined on the reverse side of this affidavit.

CERTIFICATION: I have reviewed and certify that I meet the eligibility guidelines I have checked-off above and request waiver of the fee(s) I have checked-off above. I understand that one of the phases of processing my candidacy for the position of Firefighter will include a background investigation and materials will be required including tax forms. If the City of New Haven learns that at the time of filing this affidavit I had the capability of paying the employment application fee, the CAPT fee, or both, and that I was dishonest in certifying that I met the eligibility guidelines to request to waive the fee(s), I shall be eliminated from the process, including removal from the resulting civil service eligibility list.

Signature of Applicant

Date

DEFINITIONS

Federal Poverty Guidelines – see chart below

Size of Family Unit	Annual Income
1	\$ 10, 830.00
2	\$ 14, 570.00
3	\$ 18, 310.00
4	\$ 22,050.00
5	\$ 25, 790.00
6	\$ 29, 530.00
7	\$ 33, 270.00
8	\$ 37, 010.00

For family units of more than 8 members, add \$3,740

Effective January 23, 2009

VOLUNTARY SURVEY

New Haven Firefighter Recruitment Outreach Campaign -- 2009

Your participation is voluntary, but extremely helpful. This form does not affect the status of your application. The data requested is used by the New Haven Fire and Human Resource Departments to evaluate our efforts in recruiting and maintaining a diverse workforce.

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security No. _____ Sex _____

How would you identify yourself? You may check more than one response.

_____ African American/Black _____ Caucasian/White _____ Native Hawaiian or other Pacific Islander
_____ American Indian _____ Latino/a _____ Two or More Races
(Native American)
_____ Asian _____ Other
(please specify) _____

Where did you learn about this recruitment? (Check as many as are appropriate.)

_____ Newspaper
(which one?) _____
_____ NHTD Department member
_____ Word of Mouth
_____ City of New Haven Website
_____ Other Website/Internet (please specify) _____
_____ Other Source(s)
(please specify) _____

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Candidate Physical Ability Test - CPAT form

Connecticut Fire Academy

Candidate Physical Ability Test - CPAT

Connecticut Fire Academy

34 Perimeter Road Windsor Locks, CT 06096-1069
www.ct.gov/cfpc • Fax (860) 654-1889

This Test Takes Place At The CPAT Center In Meriden, CT.

Directions and test materials will be provided with confirmation before your first orientation session.

To register for the test, please complete the form below and return it with payment to the Connecticut Fire Academy. The fee for the test is \$150.00 and is payable by cash, check or VISA/MasterCard. You will be notified of your test date and orientation time by mail. There will be two test sessions each day. The morning session is 8:00AM – 12:00PM with the afternoon session running from 12:30PM – 4:30PM. You will be required to arrive 30 minutes before your scheduled test session begins. Individuals will be assigned in sequential positions as they arrive and register on-site.

Please print or type and return with payment to:

Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT 06096-1069

Candidate Physical Ability Test - \$150.00

Last Name _____
First Name _____
Home Address _____
City _____
State _____ Zip _____
Phone (Home) _____
Work _____
Cell _____

ID Number _____

Your ID consists of the First (3) Letters of your last name and Last (4) number of your social security number
Example: John Adams - SS # 000-00-5555
The new ID # will be **ADA-5555**

Check made payable to CFPC

Purchase Order # _____

VISA MasterCard Card # _____

Card Holder's Name: _____

Card Holder's Signature: _____ Exp. Date: _____

Information such as age, sex, and ancestral heritage are used for statistical purposes only and will not be shared with any employer.

Date of Birth / / Sex M F Please check one

Please check the race(s) which best applies to you:

- 1. American Indian or Alaskan Native
- 2. Asian
- 3. Black or African American
- 4. White
- 5. Native Hawaiian or Pacific Islander

Please check the Ethnicity that best applies to you:

- 1. Hispanic or Latino
- 2. Not Hispanic or Latino

DATA PRIVACY WARNING

- 1. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with services.
- 2. Your social security number is classified as private data. It is used to track your records in regard to personal performance in the CPAT program.
- 3. The consequence of not furnishing all of the information on this form is that the services may be delayed, restricted or withheld. Further, personal data retrieval will be delayed.

Form must be submitted to CT Fire Training Academy no later than end of business day on August 7, 2009



**DEPARTMENT OF SERVICES FOR
PERSONS WITH DISABILITIES**

CITY OF NEW HAVEN
165 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 946-8122 - VOICE (203) 946-8582 -
TTY/TT
(203) 946-6934 - FAX



Applicant ADA Testing Accommodation Request Form

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

TEST DATE: _____

POSITION: _____

The Americans with Disabilities Act (ADA) enables qualified applicants with substantial impairments that affects one or more major life activities the opportunity to request a reasonable modification to the City's policies, practices and procedures to enable them to apply and/or test for a position with the City. We will need from the applicant information related to his or her disability to determine what accommodation may be best for the applicant.

What you need to know about the accommodation process:

1. All information provided to the Department of Services for Persons with Disabilities is confidential and will only be used to provide an appropriate accommodation to applicants with disabilities whom have requested an accommodation.
2. Most applicants who request an accommodation will be asked to submit medical documentation to verify that they are a person with a disability as defined in the ADA.
3. Individuals requesting an accommodation for a learning disability will need to provide documentation from a health care provider describing the type of learning disability.
4. All information and documentation submitted from a health care provider must be written within the previous (12) twelve months to the date of application to insure that the accommodation meets the current needs of the applicant.
5. Any health care provider used to support this application must be willing and able to speak knowledgeably about the disability and willing to work with our staff in determining the best accommodation for the applicant.
6. This accommodation request form must be **received** a minimum of ten (10) business days prior to the time of the needed accommodation.

To process your request for an accommodation we need the following information:

DESCRIBE YOUR IMPAIRMENT: _____

DESCRIBE HOW YOUR IMPAIRMENT IS SIGNIFICANT: _____

DESCRIBE WHICH ACTIVITIES THAT ARE OF CENTRAL IMPORTANCE TO DAILY LIFE THAT ARE RESTRICTED BY YOUR IMPAIRMENT: _____

WHAT ACCOMMODATIONS DO YOU FEEL WILL ENABLE YOU TO APPLY FOR AND/OR TEST FOR THIS POSITION WITH THE CITY? PLEASE DESCRIBE IN DETAIL. _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF YOUR CURRENT TREATING HEALTH CARE PROVIDER THAT CAN SPEAK TO YOUR CURRENT LIMITATIONS. BE SURE TO CONTACT YOUR HEALTH CARE PROVIDER TO NOTIFY THEM THAT THIS DEPARTMENT WILL BE CONTACTING THEM. ALL MEDICAL INFORMATION PROVIDED TO THE DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED IN EVALUATING THIS ACCOMMODATION REQUEST.

HEALTH CARE PROVIDER'S NAME: _____

PHONE: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST IS A TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE: _____

**PLEASE DIRECT ONLY DISABILITY-RELATED QUESTIONS TO MICHELLE DUPREY AT
(203) 946-7651
TTY 946-8582
RETURN THIS FORM TO: MICHELLE DUPREY, DIRECTOR
DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES
165 CHURCH STREET, NEW HAVEN, CT 06510
FAX (203) 946-6934**