

**Tri-Lakes Monument
FIRE PROTECTION DISTRICT**



IOS Recruitment
Office: (800) 343-HIRE
Email: recruitment@iosolutions.com

An Equal Opportunity Employer

Job Announcement

POSITION TITLE: Entry-Level Firefighter
EMPLOYMENT STATUS: At-Will
FLSA STATUS: Non-Exempt
HOURS: Full-Time (48/96 hour shifts)
SALARY: \$41,997 - \$53,479

The Tri-Lakes Monument Fire Protection District is seeking applicants to establish an eligibility list for the position of **Full-Time Firefighter/EMT-B**. A copy of the current Position Description including all qualifications for this position is available at recruitment.iosolutions.com. This position is “at-will,” meaning the District or the employee may terminate the employment relationship at any time and for no reason.

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

The mandatory 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 or higher education
- State of Colorado EMT-Basic or National Registry EMT-Basic
- IV Certified by completion of probation
- Current CPR Card
- Current Candidate Physical Ability Test (CPAT) certificate

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

- Application/Resume Review
- Written Examination
- 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

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/departments/fire-science-technology/cpat/>

Oral Board & Panel Interview

Applicants that are accepted into the hiring process will be invited to an oral board panel interview. Those successfully completing the oral board panel interview may be invited to a Fire Chief's 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: recruitment.iosolutions.com
- 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 scan to an email and send to recruitment@iosolutions.com. Please include your first and last name in the subject line.
 - Mail/Ship: IOS Recruitment, 1127 S. Mannheim Rd. Ste. 203, Westchester, IL 60154
- Online application and required documents must be received by IOS Recruitment **no later than Friday, September 29, 2017 at 2:00 p.m. (MDT)**

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

- Written Examination: Saturday, October 21, 2017
- Oral Boards: Week of November 13th

Questions?

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

IOS - Recruitment and Testing Services

Tri-Lakes Monument FPD – Entry-Level FF/EMT-B Application Checklist

APPLICATION DOCUMENTS - DUE SEPTEMBER 29, 2017 AT 2:00 PM (MDT)

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 National Registry EMT-Basic or Colorado EMT-Basic Certification

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

COPY of VALID CPAT

CPAT must be issued by a licensed agency and dated between 9/29/2016 – 9/29/2017
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 29, 2017 at 2:00 p.m. (MDT)**

IOS Recruitment
ATTN: Tri-Lakes Monument FPD
1127 S. Mannheim Rd. Ste. 203
Westchester, IL 60154
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.



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 the Tri-Lakes Monument Fire Protection District (“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, I/O Solutions, Inc. (“IOS”), 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, 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, 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 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, 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. 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.

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, 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.

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.

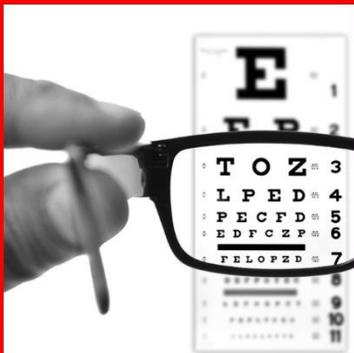
Print Name: _____ SSN: _____

Signature: _____ Date: _____

How did you hear about this job position for Tri-Lakes Monument FPD?

- IOS Recruitment website or email notification
- The Daily Dispatch
- College Job Posting
- TLMFPD Webpage
- Other: _____

Tri-Lakes Monument Fire Protection District



BENEFIT ENROLLMENT GUIDE

NEW PLAN YEAR | January 1, 2017 to December 31, 2017



Table of Contents

WELCOME.....	1
WHAT'S NEW.....	2
MEDICAL COVERAGE - KAISER.....	3
DENTAL INSURANCE - ASSURANT.....	4
VISION INSURANCE - VSP.....	5
FLEXIBLE SPENDING ACCOUNTS - CONEXIS	6
CONTACT INFORMATION.....	8

This Enrollment Guide is for general educational purposes and is based on information provided by the employer, summary plan descriptions, and other sources. In case of discrepancy, plan documents will prevail over information presented in this Guide. Please treat this information as confidential and only share it with your dependents. Contact Human Resources with questions.



Welcome to TLMFPD 2017 Open Enrollment

Elections you make during open enrollment will become effective on the dates referenced in this guide or, upon your defined eligibility entry date if you are a new hire.

Tri-Lakes Monument Fire Protection District offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

When to enroll

Annual Open Enrollment period will end on **November 30, 2016.**

Changes that can be made effective January 1, 2017

- Enroll, change or cancel individual and/or dependent coverage in the medical/dental/vision plans
- Enroll in the Flexible Spending Account
- Waive Pre-Tax Insurance Premium enrollment



When changes can be made after this open enrollment period

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status. An employee must request changes within 30 days after the qualifying event.

What's new in 2017?

Medical

- Chiropractic care, acupuncture services and massage therapy now covered! You can visit the chiropractor up to 20 times a year, and an acupuncturist or massage therapist up to 10 times a year, paying just \$20 a visit. You must go a Kaiser facility to receive all of the benefits listed above (for Colorado Springs, this is Briargate or Parkside).
- Emergency Room Copay to \$250 (from \$200)
- Bariatric surgery now covered with deductible & 10% coinsurance
- Infertility services now covered with deductible & 10% coinsurance
- Pediatric vision hardware now covered with deductible & 50% coinsurance

FSA

- The IRS has increased the amount you can put into your Health FSA to \$2,600 (from \$2,550 in 2016).



**Insurance Matters.
Make sure your family is covered.**



MEDICAL COVERAGE - KAISER

Tri-Lakes Monument Fire Protection District offers two Kaiser plans for eligible employees.

The Select Plan is for employees who reside in Southern Colorado. It is key that you stay within that network. Employees who reside in Denver need to go Kaiser facilities. An employee may not be covered if they seek treatment by an out-of-network doctor or facility, unless it is for life/limb emergency situation.

Kaiser – KP Select CO Platinum 0/30 & KP CO Platinum 0/30

Plan Features	KP Select CO Platinum 250/20 HMO	KP CO Platinum 250/20 HMO
Deductible Individual Family	\$250/\$500	\$250/\$500
Coinsurance	Plan pays 90%	Plan pays 90%
Out-of-Pocket Limit (Excludes Deductible)	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
Preventive Care	Plan pays 100%	Plan pays 100%
Office Visit	PCP: \$20 copay Specialist: \$40 copay	PCP: \$20 copay Specialist: \$40 copay
Emergency Services	\$250 copay per visit	\$250 copay per visit
Diagnostics a.) X-Ray and Lab Services b.) MRI/nuclear medicine/high-tech	10% after deductible 10% after deductible	10% after deductible 10% after deductible
Urgent Care	\$75 copay per visit	\$75 copay per visit
Inpatient Hospital	10% after deductible	10% after deductible
Outpatient Hospital	10% after deductible	10% after deductible
Physical, Speech, Occupational Therapy (20 visits each per calendar year)	\$30 copay per visit	\$30 copay per visit
Prescription Drugs Generic/Brand/Non-Preferred/Specialty Mail Order = 2 x copay for 90 days	\$10/\$30/10%/10%	\$10/\$30/10%/10%

Pediatric Dental and Vision Included in Both Plans!

Medical Contributions effective January 1, 2017. Employee's portion is 4% of individual premium. Rates are now age-banded due to Healthcare Reform. See employer handout for your rate.



DENTAL INSURANCE - ASSURANT

Be sure to use Assurant (Dental Health Alliance) Network providers in order to receive your best benefit and avoid extra out of pocket expense. Providers can be located at www.dha.com or www.assurantemployeebenefits.com

Summit HMO plan (Base Plan)

- No deductibles
- No annual maximum
- You pay a copay when you see a participating dentist
- Copays are based on the type of service performed

Examples:

- Preventive visits and x-rays - \$0
- Regular Office Visit - \$5
- Regular Cleaning - \$8
- Simple Extraction - \$20
- Specialist Office Visit - \$25

Assurant HMO Dental (Base Plan)

No cost to employees for this plan!

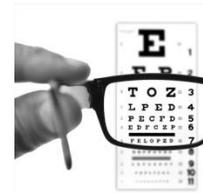
HMO DENTAL	TLMFPD Cost	Employee's Cost Per Month
Employee only	\$11.41	\$0
Employee + Spouse	\$18.77	\$0
Employee + Children	\$25.59	\$0
Employee + Family	\$30.06	\$0

Assurant PPO (Buy Up Plan)

PPO cost minus HMO cost is your cost as a buy-up to purchase this dental plan

Assurant Dental PPO	
Deductible – Individual/Family	\$50/\$150
Annual Maximum	\$1,200 per policy year for each member enrolled in the plan. Preventive care is not included in this amount
Preventive Services (Routine cleanings, x-rays)	Paid 100%, deductible waived
Basic Services (Fillings, extractions)	Paid 80% after deductible
Major Services (Root canals, crowns)	Paid 50% after deductible
Orthodontia	Not Covered

DENTAL	TLMFPD Cost	Employee's Cost Per Month
Employee only	\$11.41	\$31.12
Employee + Spouse	\$18.77	\$65.60
Employee + Children	\$25.59	\$72.48
Employee + Family	\$30.06	\$104.95



VOLUNTARY VISION INSURANCE - VSP

Please note: This is an optional benefit!

The vision carrier is Vision Service Plan (VSP). Visit www.vsp.com for more information.

Type of Service	Benefits (In-Network)	Benefits (Out-of-Network)
Exam Copay	\$10 copay per visit	Reimbursed up to \$50
Materials Copay	Additional \$25 copay	See below
Lens Benefit, Single	Copay, then covered at 100%	Reimbursement of \$50
Lens Benefit, Bifocal	Copay, then covered at 100%	Reimbursement of \$75
Lens Benefit, Trifocal	Copay, then covered at 100%	Reimbursement of \$100
Contact Lens Benefit	Up to \$130 allowance	Reimbursement of \$105
Frames Benefit	Up to \$130 allowance	Reimbursement of \$70
Frequency	Exam – every 12 months Lenses – every 12 months Frames – every 24 months	

VISION	Employee's Cost Per Month
Employee only	\$9.21
Employee + spouse	\$14.73
Employer + Child/ren	\$15.04
Family	\$24.25

Your eyes are your window to the world.

Keep them healthy and bright by taking advantage of this valuable benefit.





FLEXIBLE SPENDING ACCOUNTS - CONEXIS

A flexible spending account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket.

Set aside money to pay expenses not covered by your medical, dental or vision expenses with a Health FSA. Set aside money to help pay for dependent care expenses with a Dependent Care Account.

Health FSA

Use it to pay for things like copayments, coinsurance, prescriptions, dental, vision and medical equipment.

New in 2016!

Health FSA only: You may now rollover up to **\$500 of unused funds** remaining at the end the 2016 plan year in your Health FSA for qualified medical expenses incurred during the 2017.

Dependent Care Account (DCA)

Deduct a portion of your paycheck to use for dependent care for children up to age 13, a disabled dependent of any age, or a disabled spouse. To be eligible for this type of account, both you and your spouse (if applicable) must work, seeking work, or be full-time students.

You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

How Much to Contribute?

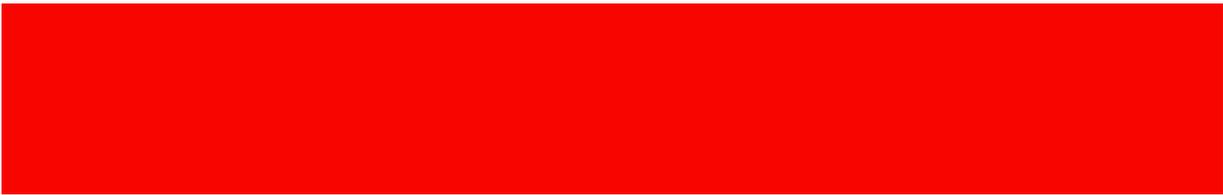
You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period of January 1, 2017 to December 31, 2017. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule. You must submit your claims for the 2016 plan year by March 15, 2017.

The maximum that you can contribute to the:

- **Health FSA** is \$2,600 per plan year (January 1, 2017 to December 31, 2017).
- **Dependent Care Flexible Spending Account** is \$5,000 per plan year (January 1, 2017 to December 31, 2017) if you are a single employee or married filing jointly, or \$2,500 per plan year if you are married and filing separately.

Changing your Flexible Benefits Plan Elections

Once the plan year has started, you cannot change your elections unless there is an IRS approved status change event. Refer to your Summary Plan Description for more information about family status changes, including how to change your election.



The CONEXIS Benefit Card

Paying out-of-pocket for eligible expenses and then waiting for the claim to be approved and reimbursed is a thing of the past. With the CONEXIS Elite Visa® Benefit Card, your participants have instant access to the funds in their health FSA.

Recent advances in card processing technology have made it easier than ever to use the benefit card to pay for eligible health care expenses. And since the card can be used at thousands of locations to pay for almost any FSA-eligible expense, offering the card to your employees will increase participation and lead to happier participants.





CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Jennifer Martin at (719) 484-0911.

MEDICAL

Provider Name:	Kaiser
Provider Phone Number:	800-632-9700 (North Colorado) or 1-888-681-7878 (South Colorado) or The Resource Team 719-867-2170
Provider Web Address:	www.kp.org

DENTAL

Provider Name:	Assurant – Dental Health Alliance
Provider Phone Number:	800-442-7742
Provider Web Address:	www.dha.com or www.assurantemployeebenefits.com

VISION

Provider Name:	VSP – Vision Service Plan
Provider Phone Number:	800-877-7195
Provider Web Address:	www.vsp.com

FLEXIBLE SPENDING ACCOUNTS (FSA)

Provider Name:	CONEXIS
Provider Phone Number:	For phone information, go to your web page and click on “contact us”
Provider Web Address:	Mybenefits.conexis.com



Benefits Enrollment Guide